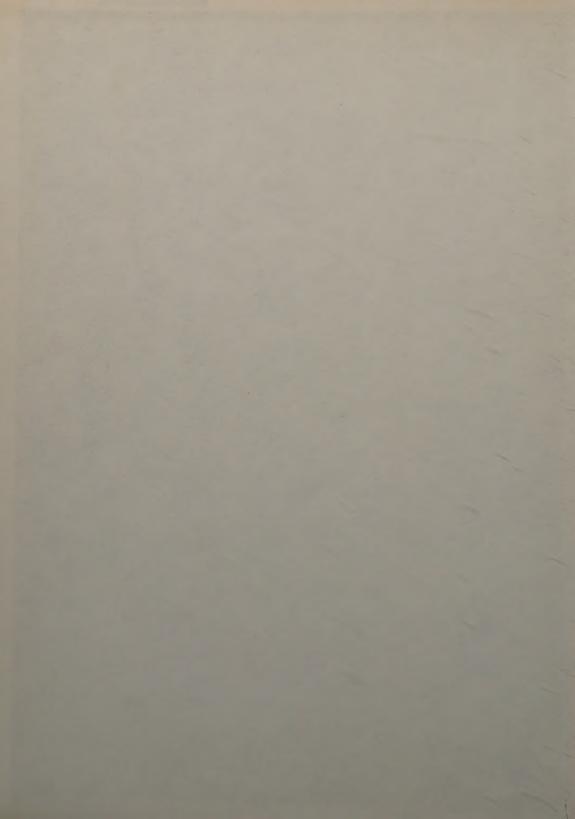
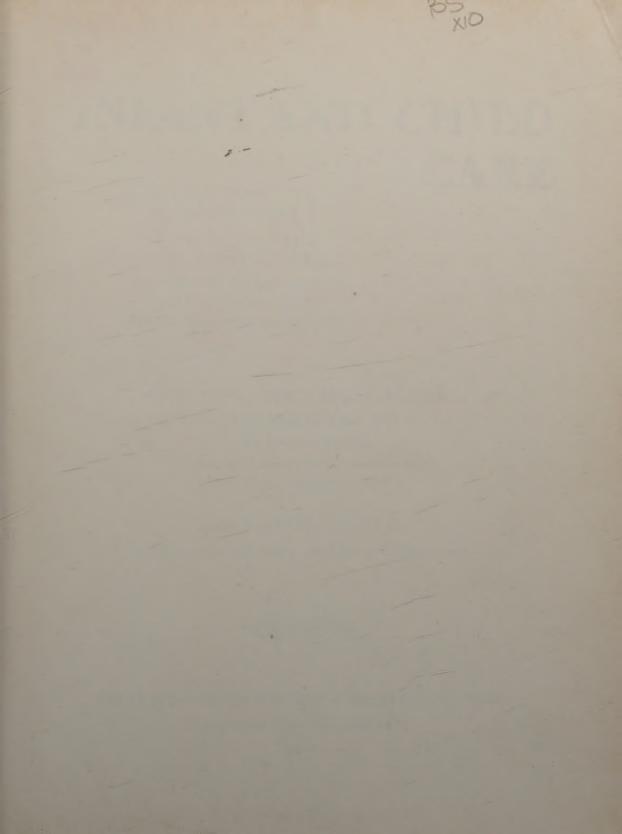
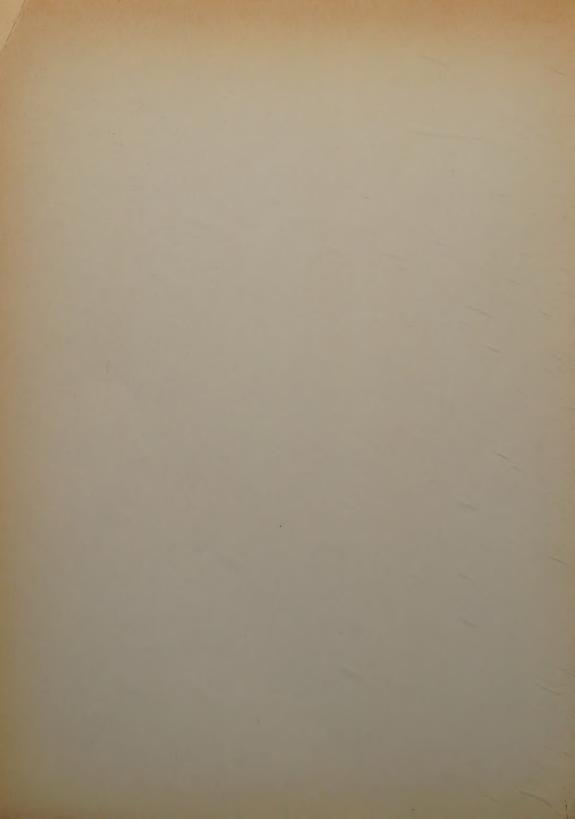
INFANT AND CHILD CARE







INFANT AND CHILD CARE

THE BOOKSHELF for BOYS & GIRLS

Prepared under the Supervision of THE EDITORIAL BOARD OF THE UNIVERSITY SOCIETY

HELP YOUR CHILD ENJOY READING: How to Use THE BOOKSHELF FOR BOYS AND GIRLS

by Josette Frank

Director of Children's Books and Mass Media Child Study Association of America

SICKNESS IN CHILDREN:

A Pediatrician's Advice on Care and Treatment



THE UNIVERSITY SOCIETY, INC. • Midland Park, N.J. 07432

Educational Publishers Since 1897

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Infant and Child Care

The nine other volumes of this BOOKSHELF are for children. This volume, the tenth, is for parents, especially mothers. It tells you exactly what you will need to know to raise your children healthily and happily at every stage of their growth from birth through adolescence.

Sensible, practical, and up-to-date, *Infant and Child Care* helps you cope with your children in the world of today and prepare them for the world of tomorrow. Yet, wherever we have found it valuable, we have also relied on the experience and common sense of wise grandmothers.

HOW TO HELP YOUR CHILD READ BETTER

To help your children get the most out of the nine volumes intended for them, you must know how to get them to enjoy reading. So, before you read anything else in this volume, read Help Your Child Enjoy Reading, the introductory chapter, by Josette Frank, authority on children's reading for The Child Study Association of America. Here you are guided to just those BOOKSHELF stories, poems, pictures, projects, etc. that will encourage your particular kind of child to get more pleasure out of reading and therefore to be better at it.

HOW TO RAISE CHILDREN FROM BIRTH THROUGH ADOLESCENCE

Following the guide to your children's reading enjoyment are the chapters dealing with a child's growth and showing you how to treat every stage of it. First comes Preparing for the New Baby, then Nine Months of Wonder. Together they give you the warnings as well as the knowledge, confidence, and joy that childbirth merits.

In The New Baby in the Family and in The Baby's First Year you get step-by-step advice on every aspect of caring for a new baby—according to today's best professional opinion.

Next is One to Four: the Toddler and Pre-School Years, that important time in a child's life that forms so much of his future character and personality. Your attitudes during those years can make all the difference between happy healthy development for your child and the reverse. Here you are told specifically what your attitudes should be and why. Here, and for older children in a later chapter, Behavior Problems, you learn when professional help is advisable and how to get the kind you need.

Five to Eleven: the Early School Years gives you excellent advice on how to cope with the many new situations that arise almost daily during these years.

So far we have been dealing with more or less average children. But every child is different and every parent has individual problems of behavior to deal with. How to

recognize a behavior problem for what it is, how to distinguish between one that is normal for a child's age and one that requires professional advice-these subjects are all helpfully explored in Behavior Problems.

The next chapter, Religion and the Growing Child, sheds light on the place of religious belief in a child's emotional and spiritual development-and the importance of

ethical behavior whatever the family's faith may be.

The chapter following, Family Life, recommends many ways for getting along with other family members and suggests a host of delightful things the whole family can do and enjoy together-without a generation gap.

Children's Parties contains a wealth of ideas for enlivening a child's social life in

wholesome ways that children enjoy.

Special Situations deals with the adopted child, the one-parent home, the working mother, children of divorced parents, death in the family, and similar situations that arise

with increasing frequency in today's world.

In Handicapped Children you will find practical advice on how to treat various kinds of impediments as well as where and how to get help for a child who is blind, deaf, or crippled, epileptic or palsied, mentally retarded, or suffering from a speech defect or other handicap.

If you have a pre-teen or teen-ager to cope with, you will be well advised by the information based on other parents' successes with these groups in Preparing for Adolescence and The Teen Years. It is advice that can save you and your boy or girl many a hassle and many a heartache.

FIRST AID AND ILLNESS

Here, in this section (printed on colored paper so that you can find it at once when you need it) is vital information on First Aid, Prevention of Disease, Children's Illnesses, Home Care for the Sick and Convalescent Child, plus an Inoculation Timetable and a handy Chart of Communicable Diseases. It has been prepared by consultation with leading medical authorities on pediatrics.

INDEX

At the back of the book you will find a comprehensive alphabetical index of every

subject covered in Infant and Child Care and just where in the volume to find it.

We hope the Infant and Child Care will serve you well as a demonstrator of the best day-to-day routines in child care, but also, and even more importantly, one in which a happy, healthy relationship between you and your children is the primary goal of your family life.

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Infant and Child Care

The Mothers' Department of The University Society

has had access to such recognized and authoritative sources of up-to-date information on parent education and child care as:

The Child Study Association of America

The Children's Bureau of the U.S. Department of Health, Education, and Welfare

Public Affairs Pamphlets

Parents' Magazine

DR. BENJAMIN SPOCK'S Common Sense Book of Baby and Child Care (Newest Edition)

The Encyclopedia of Child Care and Guidance, edited by SIDONIE MATSNER GRUENBERG

The Merck Manual

Between Parent and Child by HAIM GINOTT, M.D.

Babies are Human Beings by C. Anderson Aldrich, M.D. and Mary M. Aldrich

Helping Your Child's Emotional Growth, by ANNA W. M. WOLF and SUZANNE SZASZ

Infant and Child in the Culture of Today by ARNOLD GESELL, M.D. and FRANCES L. ILG, M.D.

The Parents' Manual by ANNA W. M. WOLF

Consider the Children: How They Grow by ELIZABETH M. MANWELL and SOPHIA L. FAHS

We the Parents by SIDONIE MATSNER GRUENBERG

Questions Children Ask by LEN CHALONER

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Understanding Young Children by DOROTHY W. BARUCH

Jealousy of the New Baby by NEW YORK STATE SOCIETY FOR MENTAL HEALTH

Three to Six: Your Child Starts to School by JAMES L. HYMES, JR.

The Child from Five to Ten by ARNOLD GE-SELL, M.D. and FRANCES L. ILG, M.D.

These Well-Adjusted Children by GRACE LANGDON and IRVING W. STOUT

Your Child and His Problems: A Basic Guide for Parents by JOHN D. TEICHER, M.D.

- Developing Responsibility in Children by Con-STANCE FOSTER
- The Five to Eights and How They Grow by BARBARA BIBER
- Helping Brothers and Sisters Get Along by HELEN W. PUNER
- What to Expect of a Young Child by IRMA BLACK
- The Baby Sitter's Guide by MARY FURLONG MOORE
- Better Home Discipline by NORMA E. CUTTS and NICHOLAS MOSELEY
- Let's Cook It Right by ADELLE DAVIS
- Your Children's Health by J. ROSWELL GALLAGHER, M.D.
- Your Best Friends are Your Children: A Guide to Enjoying Parenthood by AGNES E. BENEDICT and ADELE FRANKLIN
- Your Child and Other People: At Home, at School, at Play by RHODA W. BACMEISTER
- Television: How to Use It Wisely with Children by JOSETTE FRANK
- Comics, Television, Radio, and Movies: What Do They Offer Children? by JOSETTE FRANK
- Fundamental Needs of the Child by LAW-RENCE K. FRANK
- Fears of Children by HELEN Ross
- How to Live with Children by Edith G. Neisser and the Staff of the Association for Family Living

- Making and Keeping Friends by WILLIAM G. MENNINGER, M.D.
- The Handicapped Child: A Guide for Parents
 by EDITH M. STERN and ELSA CASTENDYCK
- Living with a Disability by Howard A. Rusk, M.D. and Eugene J. Taylor
- Children of Divorce by J. LOUISE DESPERT, M.D.
- The Happy Family by John Levy, M.D. and Ruth Monroe
- Mothers on Their Own by ELBRUN ROCH-FORD
- The Stepchild by WILLIAM CARLSON SMITH
- Broken Homes by GEORGE THORMAN
- Sexual Harmony in Marriage by OLIVER M. BUTTERFIELD
- Fathers are Parents Too by O. Spurgeon English, M.D. and Constance J. Foster
- Parents' Questions by THE STAFF OF THE CHILD STUDY ASSOCIATION OF AMERICA
- How to Tell Your Child about Sex by JAMES L. HYMES, JR.
- How to Help Your Child in School by MARY and LAWRENCE K. FRANK
- Creative and Mental Growth by Victor Lowenfeld
- Children and Books by MAY HILL ARBUTH-
- The Adolescent and the Family by LAWRENCE K. FRANK
- One God: The Ways We Worship Him by FLORENCE MARY FITCH

and many others



These children are being brought up on THE BOOKSHELF FOR BOYS AND GIRLS

HELP YOUR CHILD ENJOY READING

How to Use THE BOOKSHELF FOR BOYS AND GIRLS

by Josette Frank

Director of Children's Books and Mass Media Child Study Association of America

We all want our children to read. More than just learning how, we want them to enjoy reading so that throughout their lives they will turn to books for pleasure as well as knowledge.

Through reading our children will meet many of the interesting people who lived in other times and places, and find out what they thought and did. They will discover how the people and events of the past had their effect on the world we live in today. They will have glimpses into the exciting future, and learn to speculate on how man will conquer space. It is, after all, the printed word that keeps alive the flow of information and ideas from century to century, country to country, people to people. In books we all can find the recorded wisdom of the ages.

Reading, then, can bring to our boys and girls a wealth of satisfaction and pleasure that will enrich them for all the years of their lives. But it will do that only if they have learned to *enjoy* reading.

THE BOOKSHELF FOR BOYS AND GIRLS is designed to open up the enjoyment of reading to children of a wide age range. In these volumes:

- Pre-school children are introduced happily to simple stories, poems, and pictures so that their enjoyment of reading will begin early and grow steadily.
- Young readers are offered such a variety of reading experiences that every child will find something to appeal to his or her particular tastes and interests.
- A high road to adventure opens to boys and girls of school age. For their choosing here are true stories as well as tales of magic, adventure, and history, biographies of famous people who did brave things, tall tales of mythical heroes, and humorous stories and poems. Children with special interests have a chance to browse in the wonderful worlds of music, art, science and nature. They can also learn about practical things to make and to do as well as a variety of crafts, projects, games, and hobbies.
- Through reading about all kinds of people and places, boys and girls will get to know more about the wide and diversified world they live in.
- Every young reader will discover the pleasure that lies in books and will learn to enjoy reading.



Never too young

Hughes/Sichterman

When Should You Begin Reading to a Child?

Before your baby is a year old he can enjoy listening to simple rhymes or songs, even before he understands the words. The lullabies and nursery rhymes in Volume 1 of THE CHILDREN'S HOUR make an excellent beginning. Sing or chant to baby in his bath or while you are dressing him. Try This Little Pig Went to Market as you count his toes or fingers, One Shoe Off and One Shoe On as you dress him—or any others. Soon he will begin to clap his hands to the rhythm of Pat-a-cake, Pat-a-cake.

It may seem a far cry from these simple verses to the beautiful poetry he will come

to later on. Yet these early nursery rhymes and songs will give him a feeling for rhyme and rhythm that should stay with him through the years, and make him more ready to enjoy poetry when he is older.

Watch Your Baby's Response to Finger Plays and Rhythm

No one can tell just when to begin with books. But your baby will tell you himself if you watch him. Some children are ready much earlier than others for this kind of listening—some will begin looking at picture books at a year old or even younger—others perhaps not until two or older.

"Know you what it is to be a child? It is to believe in love, to believe in loveliness, to believe in belief. It is to be so little that the elves can reach to whisper in your ear. It is to turn pumpkins into coaches and mice into horses, lowness into loftiness, and nothing into everything, for each child has a fairy godmother in his soul."

-Francis Thompson



Ellen Marsh

Sometimes a very active child hasn't the patience to sit and listen but will join you if you make the story or rhyme a sort of game in which he can take part.

You may both have fun with simple finger and foot plays. Many of those such as A Foot Play, A Knee Game, and A Burrowing Game in the section called "Playing Games with Baby" (Volume 1) are simple enough for a one-year-old baby. Others, like The Bee-Hive, A Farmer Went Trotting, and Dance to Your Daddy will have to wait until a bit later.

Somewhere between eighteen months and three years most children are ready to

listen to a little story with pictures they can look at while you read. Choose the simplest nursery tales for the very youngest, perhaps such a story as The Story of a Little White Teddy Bear Who Didn't Want to Go to Bed or Henny Penny or Watch Me!

Is Your Child Ready for the Next Step?

But nursery age children are not all alike. Some will sit and listen for hours—or as long as you are willing to read—to such stories as The Tale of Peter Rabbit. Such children will go and get the book and drop it in your lap. They want many stories, and they want the same story over and over again. They don't want any changes in it either! And they will call you to account if you skip a page or even a word. They allow no short cuts.

Other children will become restless; moving about, interrupting the story with questions, wanting to hold the book or pull it out of your hands. Don't try to make such a child sit still or even listen. Perhaps you can show him how to turn the pages carefully and let him point out the pictures as you read. He may ask questions about one of the pictures or try to tell you a story about some other one that catches his fancy. Listen to his story, and then he may be more ready to listen to the story-book story that goes with the picture. If he prefers to make up his own stories, let him.

What if He Tears Books?

Some children seem to be naturally careful in handling books and toys; others are more inclined to break and tear whatever comes to hand. They seem especially to enjoy the crackle of tearing paper. If your child has this inclination give him old magazines and store catalogues with pictures in them and help him understand that he may tear these but not books. Inexpensive or cloth books are good for taking to bed with him. But keep in your own hands the books which have lasting value, and keep them out of reach between readings. Soon your own careful handling of them will carry over your meaning to him. He will get the idea that these must not be torn if he wants them read to him again.

If Your Child Finds It Hard to Sit Still

There are some young children who find it hard to sit still for any length of time. They

seem more eager to be doing than listening. In Volume 5, THINGS TO MAKE AND DO, you will find many simple things to keep their hands and minds happily occupied. These are graded from the easiest things to make or do to the more complicated. You will know best what particular activity your young child will like and is ready for, as, for example, paper-folding, cut-outs, or easy drawing. And you will know for which of these he needs your help and which he can make and do by himself.

While his hands are busy with these, or while he is playing with his toys, he may like to hear a story or a lively verse, perhaps one about the very things he is doing. There are stories and verses in these books to match many childhood activities. If your child is playing with a pail of water, for instance, you might show him the picture and read the verse about Jack and Jill. If he is getting ready to go shopping with you, he might like to hear To Market, to Market. When it is time for his nap. Little Bear Takes His Nap might fit his mood. And at bed-time he might like you to read him some of the lovely poems and bed-time stories such as Susie's Sleepy Time or The Little Cat That Could Not Sleep, in the first section of Volume 1. "Lullabies and Sleepy-time Stories."

The young child's attention span is usually short. It is better to read him several short stories or verses than one that takes too long. Many parents, remembering stories from their own childhood, make the mistake of reading these tales about fairies or fantastic creatures to a child who is too young and who may be confused or frightened by them. Such stories must wait until he is older. In the nursery years a child will be happiest with stories about his own real world—about fathers and mothers and children and their everyday doings, about cats or dogs or cars—such stories as *There Was*



Most little ones love to be read to, especially by Daddy.

M. Forsyth/Monkmeyer

Tammie, Lots of Places to Sit, or How Spot Found a Home.

After the child grows out of the baby stage, the four-year-old may welcome stories with a bit more substance, but still about animals and familiar things of the everyday world and people, and children "just like me." He begins to understand the simple humor in stories like Here Comes Daddy or The Blowaway Hat, and he may like fantasy that comes close to his own imagining, like The Gingerbread Boy, which has also the repetitive pattern young children find so satisfying: "I can run away from you too, I can, I can, I can." The Three Bears, The Three Little Kittens, and The House that Jack Built have also the kind of repetition young children love, and they can enjoy these stories even before they can understand all the words.

Stories to Begin On

The stories and verses in Volume 1 are graded, beginning with Mother Goose and little tales about familiar things and animals and people in the section called "Nursery Favorites." Next as the child begins to have wider experience, there are slightly longer stories and a greater variety of subjects. You are the best judge of your child's interests and his ability to follow a story. Don't read him stories that are too long or too complicated for him—wait till he's ready for next steps—but be sure you are ready for him when he is.

What Five and Six-Year-Olds Like

By the time he is five or six your child will probably want somewhat longer tales in which more things happen. He still likes his

stories short enough to be finished in one sitting-few children of this age can wait to have "the rest of the story tomorrow." He still wants his stories to tell about the things and doings of his own world; but by now his world has grown larger, and his experiences are wider. He likes stories about zoo animals, about trucks and boats and busses, about the things he and his friends do together. In Volume 1, stories and verses like Mike Mulligan and His Steam Shovel, The Ice-Cream Man, Mary Ellen's Birthday Party, are just right for fives and sixes. Now they are likely to want silly stories too, with funny words to giggle over, like The Elephant's Child, or hilarious goings-on as in 900 Buckets of Paint, Mrs. Goose's Rubbers, and The House the Pecks Built.

Sometimes at about this age, or maybe younger, a child tries to pick out and recognize some of the words for himself. If you want to encourage this interest, the word games in Volume 5 will be fun for both of you to play at together. But again, don't go too fast. Don't make it a "reading lesson." Children learn best when they are really interested and ready, not just when a particular birthday has been reached. Even before

they begin school, many children like to read words on cereal boxes, road signs and T.V.

Reading is a special skill, and teaching methods vary. As a rule this teaching is done by the school. If parents want to help they can find out what the school is doing and cooperate. Don't try to push your child, but go along with his interest in words. He will learn to read in due course, and meanwhile you will be getting him ready for this learning by reading to him, so that he will be familiar with many words when he meets them in print, and will know their meaning.

Perhaps He Likes to Count

First steps toward learning to count may be welcomed by young listeners of this age. Such rhymes as One Two, Buckle My Shoe, Ten Little Kittens, How Many? and others in Volume 1 make enchanting listening for even younger children and give them the idea of numbers following one another in orderly succession. Some children find great fun in numbers. This is a good prelude to school work, though of course this interest at an early age doesn't necessarily mean the child will grow up to be a mathematical wizard.



Big sister reads to little sister.

Gray/FPG



A. Devaney, Inc.

This child's interest in the pictures encourages her to read the story.

The Thrill of Reading to Oneself

It's a great day for a child when he discovers he can actually read something himself. Now a whole new world opens up to him—a wonderful world of stories on printed pages. He no longer needs to wait until Mother or Daddy has time to read to him; now he can enjoy a simple book all by himself.

This doesn't mean however, that you can just sit back and wait for your child to de-

velop a love of reading. Rather, this new skill he has acquired is a golden opportunity for you to help him widen his interests.

In the years you have been reading to him, he has learned that there is a wealth of fun and pleasure to be found in books. Now is the time for him to browse among these riches for himself. He may go back to some of the stories you have read to him and find, to his joy, that he can now read these himself. He may even want to read his old nursery tales to his baby sister or brother, and

how proud he will be! Do listen to him read. And don't be impatient.

Now he will find new stories, too, that he can manage to read even if he stumbles a bit over some of the unfamiliar words: such stories as Garage for Gabriel or P-Penny and His Little Red Cart.

What if Your Child Can Read but Doesn't Want to?

Even when he can read there will still be many stories your child would rather listen to than struggle over. Reading is hard at first; and just because he can read doesn't mean he always wants to. And besides, there will be many stories, even in Volume 1, that he may not yet be able to read himself, but would enjoy having read to him.

At seven or eight or even nine, a child's reading skill has actually not caught up with his interests. He is likely to understand and enjoy words and ideas much too difficult to read for himself. So do go on reading to him. Select stories just a little beyond his reading ability—stories, and poems too, that you will both enjoy.

Some parents are afraid that reading to a child after he has learned to read for himself may make him "lazy" or may slow up the progress of his own reading skill. But quite the reverse: when you read your child stories he cannot yet quite master for himself, he is learning many new words and ideas. Later when he meets these words and ideas in his books at school he will greet them as old friends.

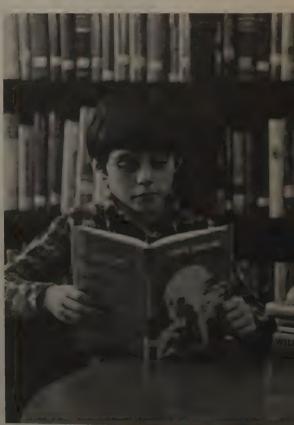
This is especially true with poetry. Many children of school age are put off from reading poetry because it looks strange to them on the printed page. But most boys and girls love to listen to verse read aloud, especially poems that tell a story like How the Little Kite Learned to Fly or Thanksgiving Day or Hiawatha.

Many of the poems in THE CHILDREN'S HOUR were selected because generations of children have loved listening to them. Others come from the best of the modern writers of poetry for children. Reading these poems to your child attunes his ear to the music of poetry, so that he will be better prepared to enjoy this form of reading later.

Older Children Have Their Own Preferences

As a child grows older he begins to show definite tastes and strong preferences for one or another kind of reading. One child loves stories about horses; another wants

This boy prefers stories about other boys.



J. Keating

fairy tales; another prefers stories about things that "really happened," or about the lives of real people. Some want stories about dolls, or pets, or sports; others want tales of space travel. Some children find pleasure in stories with a moral specifically added, as in Aesop's Fables. Others revel in stories of enchantment and lore from many lands like The Arabian Nights, Stories of the Vikings, or The Wanderings of Odysseus in Volume 4.

THE CHILDREN'S HOUR provides a remarkably rich and varied selection from which each child may choose the kind of reading he wants at the moment. Best of all, by just browsing through the pages he is likely to discover other kinds of reading that he didn't know he wanted. Tastes and interests change as children grow and learn.

Fairy Tales—When and for Whom?

The youngster who loves fairy tales will find in Volume 3 a wonderful selection of old favorites along with many less familiar but no less enthralling tales of magic. Here is a rich feast of fairy and folk literature, ranging from tales forever dear to children of five and six—all-time favorites like Cinderella, Thumbelina, and The Sleeping Beauty—to more robust humor and tall tales about Paul Bunyan and Pecos Bill, that will appeal to older children of, say, nine or ten or eleven.

The selection of fairy tales to read to a young child should be made with care, and with your particular child in mind. Some children may be upset by such threatening stories as Jack and the Beanstalk ("Fe, Fi,

"Richer than I you can never be: I had a mother who read to me." --Strickland Gillilan



Fo, Fum! I smell the blood of an Englishman!") or Hansel and Gretel with its sorrowful picture of parents turning their own children out into the woods. For such children gentler or humorous stories like The Shoemaker and the Elves or The Emperor's New Clothes will be better selections, at least for a while.

These same children, in a year or so perhaps, may actually revel in the most blood-thirsty tales of giants and ogres. At six or seven or eight most children can take these without blinking, wicked witches and the chopping off of heads included. But often the younger ones find them frightening. A child who is easily frightened should be shielded from upsetting stories.

Some Stories for Boys, Others for Girls

There is a strong affinity for animals—particularly horses and dogs—in many boys as well as girls. For these children, browsing through Volume 2 will be a joy. The young lover of horses will discover there such delights as The Black Stallion and the Red Mare, His First Bronc, and Pino and Paint. For the youngster who owns or longs to own a dog, The Dog Who Chose a Prince, All Mutt and The Seventh Pup will go straight to the heart. And those who yearn for tales of wild life creatures will welcome Karoo the Kangaroo, and How Bambi Found the Meadow.

Girls, especially around the ages of eight or nine or ten, are likely to be drawn to stories about other little girls of long ago, such as The Big Green Umbrella, Indians in the House, and Katie Meets Buffalo Bill.

Boys of this age are most likely to look for boys' adventures, preferably full of suspense and excitement, like *High Water in Arkansas* and *Space Ship to the Moon*. Girls often like adventure stories too, and stories

about boys' escapades; but boys will rarely be caught reading a story about girls!

Some are for Both Boys and Girls

Boys as well as girls begin, at this age, to be interested in real heroes and heroines. They want to read about men and women who have done brave deeds or achieved great things, whose names have lived in history. Probably each will choose the hero or heroine he or she would most wish to be like. The boy who yearns to become a scientist or an inventor will find thrills and inspiration in reading about Thomas A. Edison or Eli Whitney or Alexander Graham Bell. The girl who hopes one day to give noble service to others will glory in the achievements of the pioneer American battlefield nurse. Clara Barton, or of Harriet Tubman, who helped to free the slaves, or of Susan B. Anthony who helped women win the right to vote.

Both girls and boys will be inspired by the life stories of such dedicated humanitarians as St. Francis of Assisi, Helen Keller, and Albert Schweitzer. Some may want to read about great war heroes such as Ulysses S. Grant and Robert E. Lee. But whatever their preference in heroes to meet their own personal yearnings, it goes without saying that the boys and girls of America will want to know about the great characters of America's past: George Washington, Abraham Lincoln, Woodrow Wilson, the two Roosevelts, Dwight D. Eisenhower, etc. Life stories of these and many other famous Americans are to be found in Volume 9.

Reading and Character

Parents often cherish the hope that through such reading the high ideals of these fine characters will be contagious and, so to speak, "rub off" on the children. To some extent this will be so. We know that books can both teach and inspire. The example of great lives can give the young reader a spiritual life, stressing fine values and things worth striving for. But in our enthusiasm for one hero or another we must guard against pushing our own choices on our children. We may hope our little boy will grow up to be a hard-working genius like Edison, or our little girl a selfless server of humanity like Clara Barton. But mere reading does not make our children over into the image of our wishing.

Boys and girls have their own deep reasons for being drawn to one kind of hero or another. The life and triumphs of a baseball hero may be more satisfying to our small son than all the achievements of Albert Einstein. We must let children choose the heroes they want to read about, just as we let them choose their other reading. And THE BOOKSHELF offers a wide choice of heroes and heroines who attained greatness in many different ways.

Children's Classics

Volume 8 of THE BOOKSHELF contains selections or adaptations from many of the stories we have come to call children's classics. These are the stories that have lived through the years because children have loved them. Many of us have come to think of these ageless stories as "musts" for our children, perhaps because we ourselves read them in our childhood and we want our boy or girl to share our pleasure. But here again children differ in their tastes, and we must be patient and bide our time.

Children don't necessarily like the same stories their parents liked. Or perhaps we offer these stories too early in our eagerness to have our children enjoy them.

Sooner or later most children, especially those who love fanciful tales, will delight in

Alice in Wonderland and The Wizard of Oz. Little girls may be drawn to Little Women because they see themselves and their own feelings in that lovable family of girls, while boys are more likely to recognize their own feelings in Tom Sawyer.

Black Beauty may seem old-fashioned to some, while others perhaps love it because of that very quality. Some may find the realism of Lassie-Come-Home more inviting than the strange fantasy of The King of the Golden River. For some the Little Daylight story from At the Back of the North Wind may be too sad; others, little girls especially, will love to weep over it.

And so it goes. Since we want our boys and girls to read for pleasure, we must help each to find those particular stories which please him or her. A search through THE BOOKSHELF should yield something for everyone.

In Volume 8 some of the famous stories are reprinted in full. Others are necessarily abridged or adapted or parts selected for reasons of space. These shortened versions will serve to introduce the young reader to some of the great stories of all time, and will, it is hoped, give him a taste for more, so that later he will go eagerly to the library for "the whole book."

The not-too-skillful reader may find the originals of some of these classic tales too difficult or too unfamiliar in their language and setting, and he may pass them by. But such stories as *Rip Van Winkle*, *Robinson Crusoe*, or *Don Quixote* make wonderful reading aloud for the whole family. Your own delight in these ever-living tales will probably be contagious, and sharing them with the family will add a special flavor to the enjoyment. The younger children will enjoy them even if they don't understand every word, and family life will be richer and closer in this shared experience.



Love of nature will soon have this boy reading about it.

A. Devaney, Inc.

For the Child Who Doesn't Like Reading

We know that not all boys and girls like to read. This doesn't mean that these children are "less bright" than those who always have "their noses in a book." There are a variety of reasons why some children don't take to reading as readily as others do. To begin with, the skill of reading comes more slowly for some, and until their reading ability is well established they may find reading more of a chore than a pleasure. With these children we must wait until their skill catches up with their interests. But meanwhile, without pushing them, it is a good idea to keep attractive books around for them to look at and browse through, if not actually to read.

At first they may just enjoy looking at the pictures. It often happens that at nine or ten or maybe later, such children discover that they can read with pleasure, and then they plunge into reading everything they can lay hands on. Even those who do not become wide readers will discover that

there are many kinds of books and stories from which to select the ones that interest them.

Reading Through an Interest in Projects

There are some children who are simply so interested in *doing* things—anything from playing baseball to making model airplanes—that they dislike giving any time to reading. Yet these very boys and girls may discover with delight that a book—or books—can expand their knowledge and pleasure in whatever their special interest or hobby may be.

For the sports-minded youngster there are sections in Volume 5, THINGS TO MAKE AND DO, about all kinds of games. There are also articles about projects and hobbies—photography, stamp-collecting, fishing, painting, clay-modelling and many other crafts—a wide variety of things children enjoy doing, with interesting easy-to-follow directions for making things they enjoy making.

This boy's interest in the wonders of science may well result in his wanting to read about them.



C. Park/Monkmeyer

Often a parent who has complained of a child's lack of interest in reading has found him absorbed in reading this particular volume. Many children begin to enjoy reading when they discover they can read about the things they like to do. For some children this is the best kind of springboard into the delights of reading.

Reading through an Interest in Nature or Science

For the science-minded youngster, Volume 7, NATURE AND THE UNIVERSE, is a rich treasure house of information about the many strange and wonderful facts of nature and the ways in which man has harnessed nature's forces for his own use. Here the young reader can range all the way from the smallest forms of plant and animal life to the multitudinous stars of the firmament, from the moods and behavior of the world's weather to the uses of electricity, from the workings of a modern

home to the operation of modern engines and airplanes, from the invention of the wheel to the splitting of the atom.

Pictures and diagrams enliven the text, so that even the most reluctant reader will be tempted first to "read the pictures" and then read the text that explains them. The wise parent will watch these interests and help the child broaden and deepen them through wider reading.

Reading through a Love of Music or Art

Books can be wonderfully useful, too, in developing a child's interest in music and art. Such books cannot force an interest, but they can inspire it and feed it. In Volume 6, THE STORY OF ART AND MUSIC, the browsing child will find a selection of fine pictures, stories about the pictures, and a wealth of fascinating information that will add color and life to his understanding of the arts. Let him look

through this volume for himself, and pick out whatever he likes. He may want you to read him the stories that explain the pictures long before he is able to read them for himself, and you will find here much that will interest an adult as well as a child. How early a child's enjoyment of art or music may appear depends on many things. Your own attitude will be contagious. If you delight in music or in fine paintings. your enthusiasm is likely to spark your child's interest even before he can read or understand all that is in this volume. Be content to start with a little at a time. If your child's enthusiasm is aroused, he will want more. If not, wait a while. As he has more experiences in a wider world, as he hears more good music and sees more good pictures, his awareness of the arts will be heightened, and he will turn to books to help his interest grow into knowledge.

Let Your Children Follow Their Own Interests

Children differ in their reading interests, just as adults do. The many different kinds of boys and girls who have these books will read and enjoy different things in them. To some degree we must let them follow their own bent, whether they lean toward the arts, thrills and adventure, science or nature, history or biography, fanciful stories or straight information. At the same time we must keep all roads open to them. They may need, and even welcome, our suggestions of something they might like to read. But at the same time we must leave them free to follow our suggestions or to choose for themselves. A plentiful supply of varied kinds of reading invites browsing, and browsing often leads to the discovery of new interests and unexpected pleasures. The boy who has shunned everything but adventure tales may find, to his surprise.

that history, too, was a great adventure, and that the men who made it were great adventurers. Or he may develop a totally new interest, perhaps in music or painting, if he happens on stories about them that appeal to him.

What to Do About a Child Who Likes "Trash"

Parents often complain that with all the "good" books at hand, their boy or girl seems to read nothing but "trash"-comics, perhaps, or a mystery series, one book after another in a seemingly endless chain. We may find it comforting to know that most children go through a phase of addiction to these easy-to-read "series books," or to comics. Usually this runs its course, and if better books are kept available to the children, they will, in time, turn to these and find them more worthwhile. They may continue to read comics occasionally, too, or some of the other books we call trash, just as many adults turn, for relaxation, to what they call "light reading."

The important thing is for children to get to know the difference between good literature and poor. They will be better able to see and appreciate these differences when they have sampled many kinds. They may continue to enjoy both, for one reason or another. But an appreciation of good literature will be more likely to grow out of such sampling than from any number of lectures from adults about what is a "good book" for them to read instead of "wasting time on that trash." Of course, if what your school-age child is reading seems to you to be downright harmful or vicious, you would surely take some measures to keep this kind of reading out of his hands. Tell him why you think this reading is unsuitable for him -for instance, that it will give him a false picture of life and of how ordinary people behave. Help him find other reading which will meet his interests in a more wholesome way.

The Way to Life-Long Pleasure in Reading

THE BOOKSHELF has been planned to meet many reading tastes and interests. Its editors hope that every child, whatever his preferences and reading ability, will find in it much that he wants for himself now—and much to grow on as well. Along with reading, THE BOOKSHELF suggests a variety of things for children to do and to enjoy in the fields of art and music, nature and science,

games and hobbies, arts and crafts, and other interests and activities. For many boys and girls reading may open the way to more knowledge and greater pleasure in their favorite activities. It may work the other way too; curiosity may arouse a desire for more and better reading.

The purpose of THE BOOKSHELF is partly to give a child *pleasure* at any age and stage of his growing up from the earliest years to junior high school age. But its greater purpose is to whet the child's appetite for further reading, to develop his taste and appreciation, to increase the scope of his interests, to widen his horizons, and especially to send him on his way to a life-time of pleasure and companionship in books.



"All that mankind has done, thought, gained, or been is in the pages of books."

Thomas Carlyle

Philip Gendreau



Pregnancy has its own very special beauty

Preparing for the New Baby



That Wonderful Time of Expecting:

Your physician has confirmed your hopes — or suspicions. Now you are certain. You're going to be a mother but you still have to get used to the idea.

Going to be? You are. You have been a mother, not a mother-to-be, for weeks. Long before even you began wondering, the tiny life that has come for a nine months stay was developing at an amazing rate. By four weeks — when it was only one-quarter of an inch long — it was developing a head, backbone and heart. By eight weeks, when even your physician might not have been certain, it had grown arms, legs and all its organs.

You're ecstatic or uncertain. Maybe not exactly prepared to sit for a portrait of a Madonna? You would have preferred more time to be alone with your husband, more money in the bank, more opportunity to establish yourself in a career? Whatever your reaction, you are launched on a very special adventure. Even veteran obstetricians still find birth the most dramatic moment of life. And birth is just the beginning of a whole new life for you as well as for the coming child.

Actually, you couldn't have picked a better time to be pregnant. Never before has science known more about the mysteries of the beginning of life from conception to delivery. Babies still unborn have been photographed and treated in the womb. Fetal heartbeats have been studied at 12 weeks. Vaccines have been developed for German measles and Rh disease, two enemies of fetal life. Eventually, the new medical specialty of fetology will make treatment of the fetus in the womb, routine.

At this moment, some four million American women are awaiting children. Yet, somehow, you feel very special. You should. No one pregnancy is exactly like another. Yet almost all mothers experience the same doubts and fears at some time: How does it really feel to be pregnant? Should I have natural childbirth or anesthesia? Go to an obstetrician or my family doctor?

How much does a baby cost? How will we be able to live on one salary? How long will I be able to work? How will my husband react when I'm twenty pounds heavier? How much does labor hurt? Do I really want a baby — now — at all?



Your doctor knows best.

See Your Physician as Early as Possible

Mixed feelings are perfectly normal. You are not a monster. But enough pondering. Now is the time to act. By seeing your physician early - three weeks or so after you have missed your first menstrual period - you have fulfilled your first duty as a mother. The early weeks of pregnancy are the crucial ones. The sooner you see a physician the better your chances of having an uncomplicated delivery and a healthy child. Your physician will also answer many of the questions that have been bothering you. He will dispel anxieties with facts. Don't be afraid any of your questions will be too silly or embarrassing. He is used to them.

Every husband and wife should have a physician who knows their health histories, blood types, and if possible, birth-defect histories of relatives.

Women for whom it is especially important to consult a physician, preferably before, and certainly during, the early weeks of pregnancy are:

- Mothers over 40 and under 18.
- Mothers with diabetes or hyperthyroidism.
- Mothers with tuberculosis or venereal disease.
- Mothers with a history of miscarriage, premature births, or toxemia during

previous pregnancies.

- Mothers with family histories of metabolic disorders.
- Parents with Rh-factor incompatibility who have had a child whose delivery sensitized the mother before the introduction of the Rh vaccine.

Even if you are expecting your third, fifth, or twelfth child, don't think you are such an expert that you don't require medical supervision. Your body is not only the factory in which you build babies; it also provides the raw materials. As your health varies from year to year, your raw materials and equipment change. At each new pregnancy your doctor should check to see that your "house" is in order.

How Do You Know You're Pregnant?

Because you've missed a menstrual period? It's not that simple. Very strict dieting, the loss of a loved one, fear of pregnancy, or an overwhelming desire to become pregnant can sometimes cause a woman to miss her period. Missing two periods is more significant.

It's possible, however, to be pregnant and menstruate during the early months. The flow will generally be light and brief. It's possible, too, for conception to take place even when you have no menstrual periods at all, as in the case of nursing mothers and women in the menopause.

Pronounced fullness of the breasts and over-sensitive nipples are other indications. A good supportive bra should relieve any discomfort.

Nausea, the traditional "morning sickness," appears to be going out of fashion. Fewer than half of today's expectant mothers

experience it, thanks perhaps to better health, better diets, and a healthier attitude toward pregnancy and labor. Nausea usually disappears after six to eight weeks.

Munching soda crackers or saltines before getting out of bed in the morning will help. Put a few by your bed before you go to sleep. Don't lift your head. Don't start brushing crumbs. Just lie flat and still for about twenty minutes after you eat the crackers. Try to keep something in your stomach all day. Just a little low-calorie something. Not another meal. Drink lots of liquids, at least six glasses a day, and lie down if you can whenever that upset feeling starts.

Plain bone tiredness may well be nature's way of telling women to take it easy.

Some women lose their appetites. Some develop a craving for lobster, pickles, soup, chocolate pudding, or something else. Thanks again to better nutrition, these food binges are not so common as they once were. Grandma's yen for ice cream might well have been nature's way of making up for a diet deficiency.

Frequent urination is caused by the pressure of the developing womb against the bladder. After the third month this sign disappears but will reappear again in the last part of pregnancy.

When all these symptoms appear together, it is likely that you are pregnant. Your doctor may be able to give you a positive diagnosis on your first visit. But many doctors prefer to wait until two periods are passed.

Perhaps you will be tempted to have a laboratory test for pregnancy even before you see your physician. Actually these are not especially reliable in the early weeks of pregnancy and may have to be repeated. Unless there is some urgency, early tests are

merely an added expense.

There Is Good Medical Care for You

Whoever you are, wherever you live, whatever your income, there is medical care for you and your baby. You're a very special person now. Make the most of your new status. Hospital clinics, public health centers, and private health organizations provide care at fees ranging from small, to no fee at all, for those who cannot afford to pay.

The clinic will undoubtedly be crowded. You may have to travel far. You may feel pushed around, ignored, or even neglected. You may have to wait three hours for an examination, but it is worth the wait. In one of these check-ups your doctor may find a development which will cause him to give you different advice and a new set of directions.

To take some of the drag out of clinic waiting, some mothers pack small lunches and carry cushions to soften clinic benches. Some pass the time knitting for the baby.

The New Nurse-Midwife

If you live far from a clinic or hospital, a public health nurse or visiting nurse is within reach through your local or state public health agency. Interestingly, as the old-fashioned midwife has faded into history, an increasing number of nurses are being trained to be nurse-midwives.

The acute doctor shortage is responsible for the emergence of the new nurse-midwife, a highly trained specialist who in some cases has a B.S. as well as an R.N. degree. On completion of special training (she may deliver up to 120 babies, as many an intern)

she is given a license by the Board of Health.

At most hospitals, midwives attend only women expected to deliver their babies without complications. Mothers with high blood pressure, diabetes, heart disorders, or those who expect twins or a breech birth are assigned to obstetricians. In New York's Downstate Medical Center, it is reported, women frequently feel more at ease discussing personal problems with a trained nurse than with a physician.

In Sweden, which has the lowest infant and maternal death rate in the world, mothers are routinely turned over to nurse-midwives. At Baltimore City Hospital, some nurse-midwives instruct medical students in obstetrics. At Boston Lying-In Hospital, they take charge of many expectant mothers among the wives of Harvard and MIT students.

Family Doctor or Obstetrician?

You may wish your trusted family doctor to deliver your baby. More than half of America's babies are still brought into the world by general practitioners, but an ever larger number are being delivered by obstetricians. They offer the obvious plusses of many additional years of medical education and concentration in the one field you are interested in now—babies. Actually, it is difficult for a patient to assess the role of her obstetrician because so much of his work is preventive. It is difficult to appreciate being spared a complication if you are unaware of its existence.

Shopping for an obstetrician should be done carefully. Ask your physician to recommend one or request a list of obstetrical specialists from the best hospital in your community. The hospital will recommend more than one. By selecting the best hospital you can be sure of superior facilities during delivery. Another way to find a good man is to study a directory of accredited specialists in your local library. Specialists are listed by state and town. A usually reliable index of a physician's caliber is the reputation of the medical school he-attended and the hospitals with which he is affiliated.

It is not unusual for obstetricians to have partners, much as lawyers do. This assures you of constant coverage and allows the doctor an occasional day off.

Paying for Your Baby

The best doctor does not necessarily charge more. Be perfectly frank about your finances at your first visit. Many obstetricians adjust their fees to parents' incomes. Frequently, doctors and clinics charge a flat fee which covers prenatal care, delivery, your doctor's hospital visits, and your care after the baby's birth, including a final check-up. The fee is the same whether you start prenatal care early or late. There's no economy in waiting. Sometimes doctors and hospitals even arrange installment plans to help you pay for your baby.

How About Your Health Insurance?

Now is the time to check your health insurance coverage. It will pay part of the hospital costs and part of the doctor's bill, but by no means all. How long have you had your policy? Some companies require a ten-month waiting period before you are eligible for maternity benefits. In case of a Caesarian section, a larger portion of expenses involved is usually covered.

Your First Checkup

Your first visit to your doctor is supremely important. You will learn a great deal about your doctor and about yourself, and he will learn a great deal about you. It is highly desirable for your husband to accompany you if it is at all possible.

Your doctor will give you a head-to-toe physical examination, ask you for a complete health history, and take a blood and urine sample for laboratory tests. Understandably, women are embarrassed by pelvic examinations. Doctors are aware of this and take it into consideration. The more you relax, the easier and quicker the procedure will be. There is usually no need to repeat the pelvic examination until the very end of pregnancy.

But first, there will be questions, questions, questions. He'll want to know about your growing pains, your childhood bouts with mumps and measles, your age at the time of your first menstrual period. He'll want to know all about your parents' illnesses. He'll even be interested in your grandparents' "ailments".

It's a good idea to gather this information in advance. Take notes on your husband's health history, too, if he can't come along. In fact, an important legacy to leave your children is a family health record which goes as far back as you can accurately ascertain.

After checking eyes, ears, nose, throat, teeth, abdomen, and breasts for any conditions that might need attention, your doctor studies the size, shape and position of the uterus to find out how far along pregnancy is. At this time he may also take measurements to determine the size of your birth canal to be sure that you can deliver your baby normally.

Portions of your blood sample will be used to determine your blood type and to test for anemia, and just to be sure, for Rh factor and syphilis. The latter is required by law in most states. Almost any anemia found in pregnancy can be corrected by treatment. Women with syphilis can have babies free of the disease if treatment is started early in pregnancy.

If you are Rh positive, there's no problem. If you are Rh negative, your doctor will take a sample of your husband's blood. If you are both negative, again there is no problem. But with a mother Rh negative and a father Rh positive, (perhaps one of every ten pregnancies), precautions must be taken. You will have to see the doctor more often so he can take necessary steps to protect you and your baby.

Today an injection given an Rh-negative mother immediately after the birth of an Rh-positive baby prevents build-up of antibodies in her blood which could damage future offspring. Approximately 95 percent of live-born babies with Rh disease can be saved by transfusions immediately after birth.

Important: A shot in the arm against polio should be one of the first precautions of pregnancy. If you have never had any, ask your doctor for as many as he thinks you need.

If you have had measles your baby will be immunized against the disease for several months after birth. That's why your doctor asked. If you've never had German measles, or are not sure whether or not you have, avoid everyone who has them. The light disease won't hurt you but it could seriously damage your baby. By the time you read this, however, the new vaccine against German measles may be in such wide use that measles

is no longer a threat.

Your doctor will check your urine at each visit for many signs—among them an indication of diabetes. Sometimes diabetes doesn't show until pregnancy begins. The sooner your physician detects it the sooner he can prevent possible complications for you and your baby.

Ask Your Questions Now

If you are especially interested in natural childbirth, breast feeding, or rooming-in, now is a good time to discuss them. You'll want to find out, of course, about continuing marital relations during pregnancy. Voice any fears you may have. There is no sense in keeping them to yourself. They won't be news to your doctor. He can help only if you are entirely frank with him. Now, too, is the best time to discuss fees and the accommodations the doctor will arrange for you at the hospital.

He will give you advice on diet and exercise. Some doctors will give you pocketsized guides containing this information. Your doctor will also warn you not to take any medicine unless he prescribes it. Clean out your medicine chest. Unless your doctor gives your specific permission, DO NOT TAKE: ASPIRIN or other "PAIN RE-LIEVERS," BAKING SODA, LAXA-TIVES, MINERAL OIL, "PEP" PILLS, NERVE TONIC, SLEEPING PILLS, TRANQUILIZERS, REDUCING PILLS, VITAMIN SUPPLEMENTS, FIZZING DIGESTIVE AIDS, HOME REMEDIES, POWDERS, NOSE DROPS or NOSE SPRAYS, DIGESTIVE AIDS, SALVES OR OINTMENTS.

The nurse will schedule your next ap-



Wisely, this mother-to-be is getting rid of doubtful medicines.

Amiaga

pointment. Generally, the average expectant mother is seen monthly for the first six months, every two weeks during the seventh and eighth month, and then every week until delivery.

Now that you have your own doctor, follow his advice. Be polite, but don't follow the conflicting advice of well-meaning friends and neighbors.

Pre-Natal Care for the Father-to-Be

You've been center stage so long these past few weeks, you may have forgotten the important role your husband is playing.

Fathers need pre-natal care, too, especially today when they're on the scene long before the cigar-distributing scene. They help with the housework, cope with your "baby blues" (happy one minute, crying the next), go to expectant parents' classes. Some even don white jackets and hold your hand and rub your back in the labor room.

When your husband looks at your developing waistline, he thinks, "I'm a pretty virile guy." He's proud even if he doesn't say so. Let him know you are proud of him too in a hundred little ways. Perhaps there are moments, however, when he wonders if he will be able to provide for his little family in the manner he would like. Perhaps he wonders if the baby will come between you. Babies are supposed to bring husband and wife closer together. Include your husband in your baby planning, try to look fresh and attractive when he comes home from work. show him how much you depend on his love and strength. Try to be a good girl and not whine or act as if everything is his fault when you are feeling "low."

Just as you are preparing a "house" for your baby, you and your husband must prepare a home for him when he arrives. One of the best gifts a baby can have is parents close to each other in understanding and love. This doesn't mean you have to agree about everything. No two people can. But do try to talk things out, and if you can't—our deepest feelings are the hardest to put in words—seek professional help.

Should relatives try to interfere, sometimes with the best of intentions, remember that your first loyalty is to each other and to the new family you are building. If their advice conflicts with what you believe is right, and you feel you are too inexperi-



it helps when father-to-be shares the household tasks.

J. Keating

enced, there is always your doctor to turn to.

Now, too, is the time to support each other in decisions. This creates harmony and gives the children security. It may seem easier for one to make all the decisions, but two heads are better than one in child-rearing. Your children deserve the best both of you can give them. By sharing chores and leisure during these waiting months you two can build the mutual trust and love that will be the foundation of your own happiness and your baby's future. Be sure he reads much of the literature you'll be studying on babies. He'll feel more a part of this important event if he understands each new development. He and you can both go to a class for expectant parents if there is one in your community.

The Former Life of Your New Baby

Perhaps you will understand and enjoy your new baby more if you know just a little bit about his past.

Scientists say your newborn has for many months been an experienced astronaut, swimming, floating, circling weightless inside the watery capsule of your womb. Sometimes he was right side up, sometimes upside down.

But now, safely in your arms, he can survive only on air. When he is old enough to swim, he will seem to have forgotten all about his embryonic water skills. But swimming played an important role in his prenatal life. It helped him to develop his bones and muscles.



Loving attention from father-to-be makes the waiting time happier for mother-to-be.

R. Zuckerman

Your new child has been used to a very warm climate, 99 degrees inside the womb, so be careful not to let him get chilled.

Inside your body he could hear your voice, the roar of a jet plane, the clang of a fire engine. But most of all, he knows the sound of your heart which provided the constant musical background of his prenatal life.

This is why he enjoys rhythm so much. Long before he can distinguish people by sight he will do so by their individual rhythm and tempo. He enjoys the rhythmic lap of water against his body in the bath. He likes being held and gently rocked, and he listens with pleasure to a lullaby.

The baby can see in the womb, too. But his vision is limited because the light is so dim, except when his mother stands in brilliant sunlight.

Perhaps you wonder why your baby cries when you put him in a crib while you prepare dinner. As dinnertime approached, your unborn child was often asleep. But you woke him up rushing about to prepare a meal. Now he's getting even.

If you wonder how he can suck so well when he is first born, it's because he practiced sucking fluid in the womb. And the reason he can cry so well when he is uncomfortable or hungry is that he cried in the womb also.

It should come as no surprise to any mother that a baby learns to kick before he is born. She has experienced his nudging protest many times.

Actually, your newborn is really quite an experienced person. Treat him as such.



After those nine months—a new baby!

Corinna Marsh

Nine Months of Wonder



By now you are probably well aware that there is more to pregnancy than a burgeoning waistline. Your emotions, to your embarrassment, do flip-flops. One moment you are on top of the world, the next you could weep. In fact, you do.

The explanation is simple. Your physical self and your emotional self are closely entwined. What affects one affects the other. A certain amount of emotional seesawing is absolutely normal.

Women whose pregnancies are the smoothest, emotionally, are generally those who take the trouble to learn all about the important new business they are in, childbearing. They try to express their anxieties and fears. A physician can't guess what is on a patient's mind.

Actually, a woman's anxieties during pregnancy may have a profound effect on the way she feels when her child arrives. The woman who believes, incorrectly, that a child will harm her teeth or her figure stores up tensions which may well show up later in problems of infant feeding, toilet training, and discipline.

and exercise with her obstetrician is really thinking: Will I have a miscarriage? Will

labor? Will sex relations during pregnancy harm my child?

Here are current answers to many of the questions which haunt expectant mothers:

Sexual Intercourse

A pregnancy should bring husband and wife closer together, not come between them. Now, while there are still just the two of you, is an excellent time for a second honeymoon.

Desire for intercourse during pregnancy varies from woman to woman. Some continue in familiar patterns. Others find interest and responsiveness heightened. An occasional woman may develop a total aversion, usually a temporary condition almost always disappearing after delivery. Should this condition persist, either a physician or a marriage counselor should be consulted.

Your doctor will give you individual advice. But in the absence of vaginal bleeding or a history of repeated miscarriages, most agree that sexual intercourse is permissible, desirable, and safe at any time during preg-Often the woman who glibly discusses diet nancy until four to eight weeks before the baby is due - unless, of course, there has been a premature rupture of the memmy baby be normal? Will I bear up under branes. It is as important and beneficial for a woman to achieve orgasm now as at any other time. Abstinence is recommended toward the end of pregnancy for fear of introducing bacteria into the birth canal at a time when labor may be imminent.

Should you find intercourse uncomfortable, don't be embarrassed. Tell your doctor. Follow his advice. Your husband should understand. When twins are expected, physicians usually recommend refraining from intercourse for the last three months of pregnancy.

Miscarriage

Naturally, every pregnant woman is worried about the possibility of miscarriage and wants to do everything she can to prevent an abortion (the correct medical term for miscarriage).

If there can be any consolation in this fact, the majority, (three-quarters) of miscarriages occur before the twelfth week of pregnancy (most frequently between the tenth and eleventh week) and are rarely the result of anything a woman has done or failed to do. You can't shake a healthy egg from a womb any more than a fresh wind will cause a healthy, unripe apple to fall from a tree. Women have taken drastic measures to terminate a pregnancy only to carry a baby to term.

The greatest number of early miscarriages are the result of faulty germ plasm. The egg may be defective — not every pea in a pod is perfect. The sperm may be imperfect. Or cell division may not proceed according to blueprint. Chemical and physical processes necessary to launch a baby are infinitely more complex than those used to launch a rocket to the moon. Nature expels an embryo that is not developing properly just as

she would any foreign material. Had the embryo lived it would have developed into an imperfect child.

Miscarriages occurring later, between the thirteenth and twenty-eighth week, are usually associated with some maternal illness or abnormality of the uterus or cervix. Possibilities are faulty functioning glands, diabetes, chronic high blood pressure, untreated syphilis, fibroid tumors.

Many of these conditions can be discovered and treated before the next pregnancy. That is why it is so important to have a complete medical checkup immediately.

A spontaneous miscarriage, as opposed to a self-induced one, is virtually without risk to the mother. Occasionally a blood transfusion is needed, but the patient usually recuperates after a few days. At the first signs of staining a woman should go to bed immediately and have someone phone her physician or phone herself if she has a phone by her bed. The physician will want to know how much and how long his patient has bled and whether there have been any clots. It is important to save all the clots and tissue, if possible, so the doctor may examine them.

Miscarriage during the first three months usually follows vaginal bleeding and cramps. By the time the staining occurs the developing fetus may have been dead for several weeks. Staining alone, however, is not a sure sign of impending miscarriage. Some 25 percent of women stain during the first three months of pregnancy. The majority carry their pregnancies to term without special treatment.

Physicians still do not completely understand the cause of miscarriage. This is why they try so many treatments. Some report remarkable results with strict diets and thyroid treatment for some patients. Others prescribe bed rest. Some doctors have reported marked success using psychotherapy combined with vitamin therapy. Some believe there is a significant emotional component in many cases of repeated miscarriage. With reassurance and a strong, supportive attitude, many have successfully helped their patients to carry their babies for nine months.

What are the chances for a successful pregnancy after one, two, three or more successive miscarriages? Medical opinions differ. Some people believe the laws of chance can work against the same woman many times and then work in her favor. Most agree that a woman who has had one miscarriage has practically the same chance of carrying her next baby to term as a woman who has never had a miscarriage. The degree of optimism after several successive miscarriages differs from physician to physician. Many seem to feel the prognosis is better the fewer the miscarriages and the earlier in pregnancy they occur.

Labor

Every woman anticipating her first child wonders how severe the pain of the birth process will be, and how well she will bear it. Some mothers dismiss it as "nothing at all." Others admit to some pain, but declare, "It was worth every moment." A few describe it as an excruciating ordeal.

Even women blessed with some magical quality of relaxation, inner strength, or an exceptional ability to profit from natural childbirth find labor uncomfortable but far from unbearable. The majority of women might well say that the experience was more painful than some natural childbirth advocates had led them to expect. However,

most women's experiences bear little resemblance to the horror stories pregnant women sometimes hear from all sides.

Naturally, the amount of discomfort a woman experiences depends on many factors—her age and general health, anatomy and physiology, her threshold of pain, her frame of mind, the baby's size and presentation (head or feet first) and so on.

An important factor in a woman's experience in giving birth is fear, which can make any experience much worse than it need be. The best way to handle fear is by preparing for childbirth. By learning what to expect, and what will happen to her body, by reading and asking questions, by enrolling in a childbirth class and by learning the exercises, breathing techniques and methods for controlling labor, a woman can help herself work through her fear.

Marking

Nothing you think about or see during pregnancy will "mark" your baby. No matter what anyone tells you, it just isn't true. There is no shred of evidence that a child in the womb is influenced by anything other than heredity, nutrition and maternal health. Nor will your child inherit scars or deformities resulting from accidents. The traits a mother passes on to her child were coded, capsuled, and stored in her ovaries while she herself was in her mother's womb.

For the same reasons, there is no known way a mother can instill a child with special artistic talents. No matter how you concentrate on art or music, he will develop in his own way. There is also very little chance that your baby will be affected by shifts of mood. If you are comfortable with your feelings your baby will be.

Genes faithfully pass on hereditary traits from one generation to the next. Occasionally, however, there is a slip-up. These changes are thought to be brought about by mutagens, or agents of some sort that tend to increase the occurrence of mutations.

Smoking

It seems superfluous to caution against smoking at any time. If you haven't kicked the habit yet, this is the time to make every effort to stop. Local chapters of heart and lung disease and cancer fighting organizations may furnish hints on how to help yourself stop smoking.

Smoking not only causes a general sickish feeling, it may also slow down your baby's growth. Smoking can be associated with increased disease of the mother's lungs, heart, and blood vessels, and also with abnormal birth weights. To date, studies show that the more cigarettes a mother smokes during her pregnancy the less her baby will weigh. The average weight loss is half a pound. For a big baby this is not important but for a baby under five pounds this half pound can be vital.

Drinking

Most doctors seem to feel there is no great harm to an expectant mother from an occasional light drink or glass of wine. But like other drugs, alcohol diffuses across the placenta and may harm the baby's development.

Drinking excessively is obviously unwise. Intoxication makes a person more prone to injury. A hangover, especially during later pregnancy, is apt to be even more distressing than at other times.

Don't forget to include the alcohol you consume in your calorie count. Liquor, like

many things people enjoy, is high in calories. Should you develop any complications, however, your doctor may put you strictly on the water wagon. If he does, be sure to heed his advice.

If a single drink with your husband helps you both to relax, don't be afraid you are starting your baby on the road to alcoholism. Alcoholism is one form of neurosis which tends to run in families but has no connection with a moderate consumption of alcohol by the mother-to-be.

Breast Versus Bottle Feeding

Just about the time natural childbirth was becoming the vogue in this country, a pioneer band of physicians launched a campaign to promote breast feeding — a "novel" idea after World War II.

Young mothers eager to be complete women took the "innovation" literally to their bosoms. Today, perhaps less than half of all American mothers nurse their newborn. And the controversy, whether bottle or breast is better, still rages.

In Favor of Breast Feeding

Nature intended cow's milk for cows, breast milk for infants. The former contains more protein and less sugar — which is why it must be modified for formulas. Cow's milk protein is less easily digested by infants. Mother's milk contains natural immunities for the newborn against measles, polio and colds. Nursing helps the uterus return to its normal size without medication, and dull formula making routines are eliminated.

A child's instinct to suck is best satisfied by breast feeding. Nursing does not make



Bottle feeding can be successful too.

J. Keating

the breasts droop more; in fact, the tendency is more often noted in non-nursing mothers. Nor do women with small bosoms have an excuse for not nursing. There is no correlation between breast size and milk supply.

But most important is the sense of love that mother and child share at nursing time. If you do undertake breast feeding, do so because you have a genuine desire. Don't be influenced by friends and relatives who insist it's a duty. Whichever you choose, the important thing is to be happy with your baby during his mealtimes.

In Favor of Bottle Feeding

Even the most avid proponents of breast feeding admit there is no study that indicates that bottle-fed babies cannot thrive also. And, they admit, reluctant breastfeeding mothers are rarely successful at it.

When bottles are used, father, grandmother, and others can administer the bottle if mother is tired or working. Warmth and love can be supplied when mother is holding a bottle even if baby does not experience the softness of the breast. Important: Should you be eager to breast feed, discuss your desires early with your physician. While hospitals would be slow to admit this, many discourage breast feeding because it means more work for over-worked nurses.

Caesarean Section

A small though increasing number of babies is delivered by Caesarean section. The operation is indicated if the mother's pelvis is too small for a vaginal delivery or if complications arise late in pregnancy. Sections are sometimes performed on women having their first baby after 35.

The procedure is simple. Anesthesia, most likely spinal, is administered. Incisions are made in the abdominal and uterine walls, and the baby is removed. The whole operation takes about an hour.

Modern surgical techniques make a Caesarean as free from danger as any uncomplicated operation. Caesarean section offers the baby as good a chance as a very simple vaginal delivery and a far better one than a complicated vaginal delivery.

Recovery entails a moderate amount of discomfort for about 48 hours, discomfort largely dispelled by analgesics. From the third day on, convalescence is rapid, the mother may nurse, skin sutures are removed in about a week, and the mother is able to go home in ten days, often sooner.

Once a Caesarean, always a Caesarean? How many Caesareans can you have? The decision rests with your physician.

Some women are under the impression that they must bear a scar for each operation. This is not true. The scar of the previous operation is cut around and the old scar excised so that normal skin can be brought together. Some scars are scarcely visible.

New procedures in treatment of the infant in the womb may some day decrease the need to perform Caesarean sections.

Anesthesia

Modern obstetrics has made tremendous advances in the relief and, in some instances, virtual elimination of the pains of childbirth.

But it is impossible for physicians to tell expectant mothers in advance which and how much of the many available pain relievers they will use during labor and delivery. So much depends on the size of the baby, your pelvic dimensions and the unpredictable. Your obstetrician will take your wishes into consideration and do everything in his power to make your delivery as comfortable as possible but it is he who must make the final decision as to what and how much anesthetic is best for you and your baby.

Natural Childbirth

Some women feel that giving birth joyously without anesthesia is the most triumphant moment of life. They want to be "there"—seeing all, sensing all, and participating in every detail of the miraculous event. Others are all too willing to forego this intense exhilaration, this exuberant fulfillment, for the oblivion of anesthesia.

British obstetrician Grantly Dick Read introduced the term natural childbirth in 1944 when his book, Childbirth Without Fear, was published. While his disciples have not been numerous percentagewise, their ardor has spread the word far and wide. Every so often a spate of "I Did It

Myself' articles by fervent disciples breaks into print and interest in the method is renewed.

Some physicians find a great deal of merit in the method but prefer the term "prepared" or "educated" to "natural." "Natural," they say, implies all other methods are unnatural. Some have found the method works well for intelligent, highly motivated, well-prepared women but definitely would not recommend it for all. While still other physicians are far from enthusiastic.

Read's original idea was that fear and unrelaxed muscles were the chief sources of pain and difficulty during labor. His followers give expectant mothers courses in human reproduction, teach them how to breathe during labor pains and how to relax skeletal as well as vaginal muscles. Read believed that the actual birth could be tolerated because of the physical satisfaction resulting from fulfilling the instinctive urge to expel the baby.

Read never claimed that childbirth was painless nor did he believe women who felt the need for anesthesia should be denied it. He also emphasized that women who find they are unable to go all the way with the method should not consider themselves failures.

Physicians point out that the success of childbirth without fear depends on the psychological makeup of the mother and her particular maternal drive. They lament it is often taken up by the faddist and the pseudo-intellectual.

Classes in natural childbirth are offered in many communities. If you are interested, your doctor should be able to direct you to one nearby.

The Lamaze Method

About the time that Dr. Read was introducing natural childbirth to England, a French obstetrician, Fernand Lamaze, became interested in a method used in the Soviet Union and introduced it to Europe. This method, now known as the Lamaze Method, also has its disciples here. The Lamaze Method applies the Pavlovian principle of conditioned reflexes.

Expectant mothers practice special breathing exercises with the painless uterine contractions that occur from the sixth month on. Women are taught to visualize what is happening with the contractions in each stage of labor and what voluntary contributions they can make to help the uterus in its work. When labor actually begins, strong uterine contractions signal breathing rather than pain. Women are also taught to relax their muscles during labor but not their minds. The mind must be kept active, otherwise the woman will become drowsy and inattentive and the sensations of pain will penetrate.

Prepared Childbirth

This is a compromise solution practiced in many hospitals today. Expectant mothers attend classes similar to those for Natural Childbirth but they are not led to believe labor is painless. They are encouraged to ask for medication when they feel they need it. Because they are "prepared," physicians say they have less pain and need less than half the usual amounts of medication.

Rooming - In

If your community is not too small, you can usually find hospital accommodations

to suit your purse. The average hospital stay nowadays for mothers and babies is from four to seven days. Usually no special nurse is needed, and many mothers prefer the company, as well as the economy, of a room shared with one or several other mothers to a more expensive private room.

In an increasing number of hospitals, the system of "rooming-in" is available to those mothers who want it. This means that you may have your baby with you in the room. The arrangement gives a mother the opportunity to become acquainted with her baby before going home, and it gives a father the chance to hold his baby and see him at close quarters, instead of merely looking at him through the hospital nursery window. On the other hand, an experienced mother with several children at home may prefer to have her new baby cared for in the nursery and brought to her at regular feeding times each day, so that she can take full advantage of her few days of rest.

If you have never been to a hospital, or even if you have, pay a visit with your husband beforehand. You will both enjoy seeing how mothers and babies are looked after.



Travel

Expectant mothers seem to be always on the go — crowding in as much activity as possible before Junior arrives. Should you travel? Ask your physician. In general, travel is permissible, physicians say, as long as you use common sense. There is no qualified evidence that travel by plane, train or car brings on labor, abortion, or complications of pregnancy. Short rides on smooth roads provide a relaxing change of scenery. But do avoid traveling long distances for long periods. If you must leave home, schedule your trip for the middle months of pregnancy when you are least likely to abort or deliver.

During the last six weeks of pregnancy it is not advisable to go farther than 50 miles from home. Women with a history of premature labor or a diagnosis of twins are cautioned not to travel at all.

Physicians believe long distances usually are best accomplished by plane. But don't pick this time to take flying lessons or ride in small non-pressurized planes. Check your airline first to be sure it does not have regulations against carrying women in the last months of pregnancy. Many major carriers aren't interested in beating the stork. Should you travel by car, never motor more than 200 miles a day, with several rest breaks in between.

An expectant mother may drive as long as she can sit comfortably behind a wheel. During the last three months, it is unwise to drive at night, unaccompanied, or on little-frequented roads.

Exercise

Here again, ask your doctor. And the first thing he'll probably ask is, "How much do you usually exercise?" If you are an impassioned athlete, he'll doubtless tell you to carry on with your accustomed sports, provided they are not too strenuous, in



Swimming, in moderation, is usually permitted during pregnancy.

A. Devaney, Inc.

moderation. If you're a langorous lazy, he'll probably tell you to continue. At the most, he'll suggest a mild walking program.

Common sense is the keyword. Now is definitely not the time to take up mountain climbing, deep sea diving, bull fighting or parachuting. The secret is to avoid fatigue and strain. A non-pregnant woman is usually restored to vigor after a half-hour rest. It takes the pregnant woman a full day.

Your Job

More and more pregnant women are staying on their jobs practically up to the door of the delivery room. Expectant lady physicians have been known to finish a busy day in a hospital emergency room and then take the elevator upstairs to Obstetrics to be delivered.

For some women, working up until the last possible minute is a status symbol. They like to boast they never missed a day on the job. Others continue to work because they

find the waiting goes faster if they are not sitting home concentrating on themselves. And, then, of course, there's all that nice money baby will need.

In some states there are laws specifying working conditions for pregnant women, and in many businesses and industries expectant mothers are given consideration. If your employer is not familiar with the standards for the employment of pregnant women, worked out by the United States Children's Bureau and the Woman's Bureau, he can have them by writing for them to The U. S. Department of Labor, Washington, D. C.

If you would like to keep on with your job, and if your work is not too tiring or strenuous, you may find it possible to keep your job until the eighth month. A rest after lunch, with your feet up, may be possible to arrange, or you can rest when you get home from work. Sometimes employers are willing to arrange work that allows an ex-

pectant mother to sit down most of the time. With enough sleep and rest and the proper foods, many women are able to continue on a job that is not too tiring until about six weeks before the baby is due.

With a job that requires long standing or moving about on your feet, or a great deal of bending or lifting, it is wise to stop after the fourth or fifth month.

Your job is one of the items to discuss fully with your doctor.

When Will the Baby Arrive?

If your pregnancy is far enough along, your doctor will tell you approximately when the baby is due. Nobody can tell exactly. The average time from conception to birth is 266 days, but some babies take a little more time and some a little less. Also it is hard to know exactly when conception took place.

But it is known that many babies are born about 280 days after the mother's last normal menstrual period. A handy way to figure is to count back three months from the first day of your last menstrual period, and then add seven days. Suppose your last period began on April 20. Count back three months to January 20, and add seven days. You can expect your baby on about January 27. You can't be sure, and you are better off to expect the great day any time from one to four weeks before that date, or after it. Most babies, however, do arrive within a week before or after the day they are expected.

Pregnancy Timetable

About the twelfth week, a small lump may be felt just above the pelivic bone. This is the uterus which grows upward and reaches the navel about the twentieth week.

The baby begins to move a little during the fourth month, but most women do not feel the first faint fluttering movements until the fifth month when the baby stretches his arms and legs.

By the fifth month, most women find it impossible to keep their expectancy a secret anymore. The baby is now about 8 inches long and weighs about 10½ ounces. The size that you begin to notice about your middle is not only the baby but the surrounding protective bag of waters and the placenta, the special lining of the uterus, through which all nourishment comes from you to the baby. By now the baby has wellformed fingers and toes and even tiny nails, as well as a little hair on the scalp.

In the sixth month the baby grows rapidly in size and you notice the change in your own size. Now you may begin to feel not only flutters but real thumps, because during these weeks the baby changes position often, lying on one side, then on the other, sometimes head up, sometimes head down. You may notice periods when the baby is quiet, too. Some doctors think babies wake and sleep before birth just as they will later in the outside world.

After the twenty-eighth week, or roughly six-and-a-half months according to the calendar, a baby's chances of surviving if he should be born prematurely increase with each month, provided he is given the special care that premature babies need.

During the last two months the baby's body gets its fat, and becomes more rounded. Until the ninth month there is a fine fuzz all over him, but this disappears, his skin takes on a more natural color, and he is

covered with a soft thick creamy secretion called the vernix. He may have quite a head of fine hair, and his eyes are a dark slate color.

Minor Complaints

Many women feel better during pregnancy than at any other time in their lives. Everything about them radiates health and happiness. After all, pregnancy is a perfectly normal state. Yet there are certain minor discomforts which can take on major proportions when you are depressed and feeling particularly blimp-like.

Nausea

If you are one of the unlucky ones who experience sickening nausea, we've already explained the importance of keeping some food in your stomach at all times. Proper rest will help too. Fatigue can be as aggravating as cooking odors. Drink at least six glasses of water a day. If you can't (some women find that even water makes their stomach do flip-flops) try crushed ice with a little orange or lemon juice, sherbet, or a carbonated drink. Try putting off washing your teeth until later in the day.

Mornings when cooking your husband's breakfast becomes more than you can stand, he should certainly be willing to take over. Open the window and breathe deeply or walk around the block a few times. Fresh air often helps.

If you are normal and healthy and have been eating properly until pregnancy, you will simply have to suspend all good diet rules for the time being. Your body has sufficient reserve. Better almost any food than no food at all. Cater to your whims. Avoid foods you know you can't keep down lest you develop a permanent aversion. Your baby will help himself to the food he needs anyway. If you find you can't even retain vitamin pills, don't fret. You won't develop a vitamin deficiency overnight. When all else fails, try a mashed or baked potato.

Do tell your doctor about your problem. If you lose more than ten pounds, definitely advise him. Vitamin shots and intravenous feeding, in severe cases, may be the answer.

Heartburn

Heartburn has nothing to do with the heart. It's a name for a burning sensation in the upper abdomen and often a bitter taste in the mouth. It is a warning that you are eating too much, too fast, especially rich, fried, greasy foods. Ask your doctor for advice. Don't prescribe for yourself. Especially avoid products which contain sodium bicarbonate. It could be injurious during pregnancy.

Excessive Salivation

This symptom, though not frequent, can be uncomfortable and embarrassing. It occurs most often in nervous women and tends to diminish toward the latter half of pregnancy, disappearing completely after the baby is born. Chewing gum or sucking peppermints helps some.

Swollen Ankles and Legs

About one-third of the weight gain of pregnancy is water. Tissue retains an increasing amount of fluid toward the end of pregnancy and it tends to concentrate in

the legs and ankles. Cut down on salt. Be sure your shoes are large enough. Treat your feet to cooling dips. Report any swelling to the physician, especially if hands and face are involved. It could be nothing. It could be a warning sign of toxemia.

Red Marks

Occasionally mothers-to-be find tiny, spider-like red marks on their shoulders, arms, or face. They are tiny blood vessels, the result of pregnancy hormones. They disappear after delivery.

Stretch Marks

As skin grows tighter from the pressure of your expanding abdomen and breasts, stretch marks may appear. They may vary in color from the faintest almost imperceptible pink to red and purple. After delivery, these eventually assume a silvery color and become barely noticeable. Some women rub baby oil and cocoa butter on their abdomen in the hope that skin will stretch more evenly.

Nosebleeds

The blood supply of all mucous membranes, including those of the nose, is increased during pregnancy. Tiny blood vessels in the nose sometimes break, especially during the winter. Put your head back, apply pressure to your upper lip and put a cold compress on the back of your neck.

Skin Pigmentation

After the third month, you may notice a darkening of the skin at cheekbones,

nose and forehead. Some women observe a darkening of the nipples and the midline of the abdomen. The coloration fades after the baby arrives.

Varicose Veins

Varicose veins are not likely to appear during a first pregnancy, but should they occur, each succeeding pregnancy makes them worse. Varicose veins cause considerable discomfort, usually a dull ache after standing for some time. Do not wear round garters or roll your stockings above or below the knee. Always wear a garter belt. Never stand when you can sit, or sit when you can lie down with your legs raised on a pillow.

Support or elastic stockings and ace bandages help relieve discomfort and probably minimize the tendency of the varicosities to worsen. Both stockings and bandage should be put on before arising in the morning.

Shortness of Breath

A slight tendency toward shortness of breath may be noticed during the last part of pregnancy. The explanation is simple. The uterus is pressing against your diaphragm. Stop moving furniture around and avoid climbing stairs, if possible. Should this plague you at night, prop your shoulders on pillows so you are almost in a sitting position.

Leg Cramps

Many a pregnant woman is awakened in the middle of the night by a sudden painful spasm of the muscles in the calf. This may be due to a calcium deficiency or generally sluggish circulation of the blood in a woman's legs at this time. Heat and massage may help the pain to disappear. Drinking more milk and keeping the legs propped up whenever possible may prevent a recurrence.

Constipation

Some women become more regular during pregnancy, others more irregular. Constipation can result from the pressure of the enlarged uterus on the large intestine. It also reflects faulty diet and exercise habits.

Try to establish a daily quiet time for elimination. A glass of hot water or milk ahead of time sometimes helps. Don't cheat on your daily quota of water, six to eight glasses, plus fruit juice. Change to a cereal like oatmeal which has a certain amount of roughage, but not to bran which has too much. Substitute wholewheat bread for white. Nibble at more salad. Try fruit before retiring. Suck on licorice which has a mild cathartic action. But don't take any laxatives until your doctor recommends one.

Hemorrhoids

Some women inherit a tendency to hemorrhoids. Pregnancy and constipation aggravate the tendency. There's nothing you can do about your heredity but you can try to avoid constipation by following the measures listed previously.

Hemorrhoids, actually, are veins which have become swollen and distended. Comfortably warm, not hot, sitz baths during which distended hemorrhoids are carefully eased into place help some women. If this doesn't help, try lying flat on your back with your heels above your hips and a bowl of cold water near at hand. Apply cold

compresses until you feel relief. Do not apply salves or ointments unless they have been recommended by your doctor, Hemorrhoids precipitated by pregnancy usually disappear shortly after childbirth.

Gas

To minimize that bloated feeling, chew food carefully and slowly. Temporarily cut out such gas-producing vegetables as beans, corn, onions, cabbage. Don't take digestive aids unless your doctor recommends one.

Groin Pains

No remedy seems to help intermittent, mild, achy sensations on both sides of the lower abdomen. Discomfort is probably caused by the stretching of uterine ligaments, one of which runs along each groin.

Frequent Urination

This symptom is perfectly normal during the beginning and end of pregnancy. Unless associated with a burning sensation, it requires no treatment. Unfortunately, it may involve frequent nocturnal trips to the bathroom. Eliminating all fluid intake after the evening meal will help.

Insomnia

Naturally, it's difficult to sleep when your baby is doing calisthenics inside you. You can't find a comfortable position. Wherever you turn you bulge—and you're naturally concerned. Take a walk outdoors before bedtime, luxuriate in a warm bath, soothe yourself with hot milk or cocoa and soft music, try a hot water bottle at your

feet. And don't be afraid to try any sleeping position that is comfortable. You won't hurt your baby if you sleep on your stomach. Tell your physician if your sleeplessness persists.

Faintness and Dizziness

Don't think because you are a thoroughly modern women you won't faint. There is a tendency toward faintness and dizziness in almost all phases of pregnancy. The reasons are simple. A large portion of the body's blood supply is concentrated in the abdomen to supply the baby's needs. The demands of the embyro for maternal iron may also create a relative anemia in the mother. For both reasons the amount of oxygen-rich blood going to the brain is reduced and swoons may result. Often these episodes are brought about by a sudden change of position. Be careful to rise slowly from a sitting or reclining position. It's a good idea to carry smelling salts with you, especially when you go out.

Vaginal Discharge

Many women have a slight vaginal discharge—thin and yellow—towards the end of their pregnancy. Should you notice one, wash around the mouth of the vagina with a scrupulously clean cloth and apply a pad. If the discharge is thick and excessive, and there is an itching sensation, tell your doctor. DO NOT TAKE A DOUCHE. Never take a douche while you are pregnant without specific instructions from your physician.

Warning Signals

If you keep appointments with your doctor faithfully, he will be in a better position to prevent most of the complications that may arise during pregnancy. Naturally you won't pester him with trivial discomforts, but if you experience any of the following danger signs, call him immediately:

Vaginal bleeding. If it is just staining (less than the menstrual flow) during the first half of pregnancy, the news will keep until morning. But if bleeding occurs during the second half of pregnancy notify your doctor day or night, irrespective of the amount of bleeding. Go to bed and stay there until he gives you specific instructions.

Severe abdominal pain around and below your stomach. This could be a sign of appendicitis, of bladder or kidney infection. If there is a kidney infection you may get the "shakes." You may have a backache at the bottom of your spine. If you have a bladder infection, you may experience a "burning" sensation when you pass water and you will feel like going to the toilet often.

Any significant illness characterized by fever over 100° with a chill, rash, or diarrhea.

Leaking of clear fluid from the vagina.

Absence of fetal movements for 24 hours from the 30th week on.

Tell your doctor about:

Puffiness of the fingers, face, or eyes. This is significant especially if very sudden. Swelling of the feet and ankles (unless ac-

companied by swelling of the face and hands) is usually not significant, especially in hot weather. The swelling simply may mean you are using too much salt, or it could be you have a poison in your body, toxemia, which must be eliminated before it has a chance to affect your baby.

If headaches, dizziness, or spots before your eyes are severe and unremitting, it is most important to report these symptoms to your physician.

Diet

Managing her diet is the pregnant woman's single most important responsibility. For alert young women who know their food



values and calorie counts as well as their ABC's, eating sensibly should prove to be no problem. But for the picky eater, or the woman who frankly loves food, eating wisely now may be more difficult.

Unfortunately, pregnancy often causes an insidious increase in appetite. This combined with poor pre-pregnancy eating habits will make you grow bigger, and Bigger and BIGGER. The only answer is Will Power. This inner strength should be more easy to achieve if you stop to consider:

- Your baby eats what you eat. He can't order for himself. You wouldn't feed a newborn a diet of pizza and French fries, would you? Your baby also becomes what you eat. Certainly it's better to build your child of fresh fruit, milk, crisp green and yellow vegetables and lean meat.
- The better your diet the more apt you are to have a normal pregnancy and a healthy baby, recover from delivery more quickly and produce good milk for breast feeding.
- There is a definite correlation between overweight and toxemia of pregnancy.
- It's easier to keep weight off during pregnancy than to lose it later.

The greatest weight gain for which pregnancy itself is responsible—fetus, placenta, amniotic fluid, uterus and breast development—is 15 pounds. Anything in excess is retained water and accumulated fat.

Doctors now put a little less stress on weight gain than they used to. Current thinking seems to be that tight limits on weight gain can be more dangerous than a larger than desirable weight gain. Women who are overweight before becoming pregnant must be careful—but they should not be on reducing diets while they are preg-

nant. Women who are more than 15 pounds underweight may be urged to gain more weight than normal through their pregnancy.

Doctors now recommend a gain of 20 to 25 pounds for women in the normal weight range. They stress that the most important factor in diet planning is making sure of a balanced diet. This is the first concern—not worry about weight gain. Healthy, normal-weight women are not likely to gain much in the first three months. Weight gain in the latter part of pregnancy is inevitable. During the second three months, they might gain six to eight pounds. In the last three months, they might gain ten to twelve pounds. Most babies gain one-half pound a week in the last month.

While there's no sense in the old saw of "eating for two," good nutrition is essential for you and for your baby's health and growth. The important point is not to eat more food—just better food, food rich in protein, minerals and vitamins. A pregnant woman needs 35 percent more protein, her calcium needs double, and she needs 15 milligrams of iron instead of 12.

You need calories—it is impossible to get nutrition without them. But you should reduce your intake of "empty" calories, calories without nutrition. The easiest way is to eliminate starches, sweets and fatty foods. Starches—bread, spaghetti, rice—are high in calories. The same is true for sweets. As for fats, every gram of protein or carbohydrate (the only other food groups) produces 4 calories. Every gram of fat produces 9. What is left to eat? All the worthwhile foods: eggs, lean meat and poultry, fish, fruits, vegetables, whole grains, milk, yogurt and cheese.

The pregnant woman's suggested diet might range up to 2,500 calories a day. This will vary depending on her original weight and daily activities. Obese women may be limited to a lower count by their doctors.

Following a good diet day by day and meal by meal ensures that building material is there as each part of the baby's body is being formed. Suppose you were ready to put on the roof of your house and only the doors were there. It is better to drink one glass of milk at breakfast and one at dinner than both at the same time.

Your doctor will prescribe your individual diet. But here is a typical one for that mythical so-called average woman:

Your minimum daily requirements especially in the second half of pregnancy are: MILK: 1 quart for baby's teeth, bones and muscle. May be whole, skim or buttermilk, evaporated or dried whole milk. Supplies 1/9 daily protein and 2/3 daily calcium requirements, plus riboflavin and vitamin A. Don't forget to count the milk you put over cereal or in coffee, tea, cocoa, casseroles, puddings, custards, rarebits, soups and sauces. Milk is especially important in the last months of pregnancy when the baby's bone structure is putting down large quantities of calcium. New skim-milk products contain 1/2 the calories of regular milk and are enriched with vitamins A and D. Occasionally, you can have your butter and your milk, too, by substituting I glass of skim milk and 2 teaspoons of butter for 1 glass of whole milk (8 ounces). Other alternatives for 1 glass of milk are: 11/3 ounces yellow cheese; 1/3 pint ice cream plus 1 glass of skim milk; 1/2 cup cottage cheese plus 1/9 cup skim milk.

FRUITS: 3 servings a day. Two should be of citrus fruit or tomatoes, rich sources of vitamin C, the mortar which strengthens cell walls. One for you and one for the baby. Vitamin-C-rich fruits are: oranges. cantaloupes, grapefruit, lemons, limes, kumquats, muskmelons, pineapples and strawberries. Vitamin C must be replenished daily because it can't be stored by the body. Servings are:1 medium orange, ½ grapefruit or melon without sugar, 10 strawberries (plain), 4 ounces of fresh. canned or frozen juice. One cup tomato juice equals 1/3 cup orange juice in vitamin C. Eat the fruit raw for fewer calories and maximum vitamins. Citrus fruit should not be cut until ready to be served. Oranges cut and left in the refrigerator lose 20 percent of their vitamin C in 24 hours.



MEAT, FISH, POULTRY, SEAFOOD: 1/4 to 1/2 pound, 1 to 2 servings. Contains protein, iron, thiamine, niacin, riboflavin. Must be lean and broiled or baked, not fried. One serving is roughly equivalent to a medium meat patty, 2 thin slices of roast or meat loaf, 1 medium chicken leg. Beef, liver and heart are especially good for pregnant women. Liver, turkey, oysters as well as eggs and spinach are excellent sources of iron. If you don't like liver, you may like bratwurst or liverwurst. Limit high-caloried pork to once a week. Occasionally, beans, peas, lentils may be substituted for meat. Be sure to drink

some of your daily quota of milk with these less nutritious proteins.



EGGS:: 1 or even 2. Provide iron to produce healthy blood for you and your baby. Good source of protein and vitamin A. Use in custards, meat loaves, and hard-cooked in salads or over spinach.



VEGETABLES: These are rich sources of vitamins, minerals and energy. Three to four servings. One should be dark green, one bright yellow (deeper the color, the more vitamin A), 1 raw vegetable and 1 potato. Broccoli, chard, kale, spinach and turnip greens are especially rich in iron. Carrots, pumpkin and yellow squash are excellent for you. Vegetables especially rich in vitamin C are: cabbage, salad greens, green peppers and turnips. Baked potato with minimum butter is a good source of iron. If you are putting on too much weight, eliminate the potato. Raw vegetables have more food value than cooked. Keep carrots, radishes and cauliflower in the refrigerator for nibbling. Vegetables should be as fresh as possible, and cooked briefly in a minimum of water. Some vitamins are water soluble and dissolve in the cooking water. Save it for making soups and sauces. Salads should not be prepared until immediately

before eating. Baking soda should not be added to cooking water. It destroys thiamine.



CEREALS AND BREADS: 1 serving of whole grain, restored or enriched cereal and 2 slices whole grain bread. The more sun-tanned the color of the bread or cereal the better it is for you. Contains iron, niacin, riboflavin, thiamine. Use the very minimum of butter on bread and sugar on cereal. This group also includes: rice grits, macaroni, spaghetti—when enriched. These have some protein and are high in carbohydrates.

FLUIDS: 2 quarts including milk, coffee and tea. The latter two should be taken only in moderation. Fluids are important to keep the kidneys working well.



FOODS TO TAKE SPARINGLY: Butter and fortified margarine contain vitamin A, but they also contain many calories. Use them with a light hand and get your vitamin A from the foods mentioned just above. Candy and soft drinks, jellies and jams, cakes and pastries are deceptive joys. They send your weight up and your appetite for wiser foods down, and they can damage your health in many ways. Instead of a soda or a soft drink, make yourself a milk drink with fruit juice or other

flavoring. Brown sugar sprinkled on a slice of good whole wheat bread is a pleasant sweet-tooth appeaser. Dried fruits are not low-calorie foods but they are lower than candy and cake and they supply other values that sweets do not give you, so try nibbling on a fig, date, prune, or apricot. Salt is one of the items some doctors tell expectant mothers to cut out either partially or entirely. If your doctor specifies no salt, cook without it and let the other members of the family season their foods at the table. You can add mild flavorings to most foods for yourself if you like. Lemon juice, parsley, celery or onion flakes help too. But if you use them be sure they are unsalted. After a few days you will not miss the salt and you may find that, you like the true flavors of many foods. Don't forget to cut out ham, bacon, chipped beef, corned beef, smoked and salted fish, salted nuts, pretzels, salted crackers, and potato chips, all of which are saturated with salt.



supplementary vitamins and minerals. Most vitamin preparations for pregnant women include iron and calcium. Some doctors prescribe them because these elements are not found even in well-balanced diets in amounts to meet the demands of pregnancy. Calcium taken in pill form is not all absorbed by the body, but it is better than nothing if you are not drinking your milk faithfully. It's better to get



This mother-to-be is sensibly taking the vitamins her doctor recommends.

J. Keating

your iron from natural foods, too. The stomach is better able to absorb iron from them. Vitamin D is necessary for the utilization of calcium and phosphorus in your diet. You can get vitamin D free in the summertime by simply walking in the sun. Vitamins A and D are especially important if you plan to breast feed.

The Outer You

Many women have mixed emotions as they watch themselves grow larger through the course of their pregnancy—especially if they have worked for years at being slim. Understanding and affection from their husbands and friends can help them to feel comfortable and happy about the changes they are going through, and what lies ahead.

Nature can help too. Many women never look or feel better than when they are pregnant. Their hair gleams, their eyes sparkle, their complexion improves.

Working to look your best now will help you to keep up your own morale—and your husband's. A short rest, a shower and change of clothes and makeup, will sometimes cheer both of you through a tired time.

Choose or make loose, comfortable clothes, in the most becoming colors you can find. Color can often be used as a spotlight to illuminate or attract attention to what you wish seen, and camouflage what you prefer to hide.

Hair

Now is not the time for long drooping hairdos. Short styles flatter the fuller face and are easier to keep well groomed. Toward the end of pregnancy it is common to lose some hair, or find it becoming much straighter. You might find it no longer holds a set.

These are all temporary conditions. Your hair will return to its normal state in a few months. Be sure you get your daily quota of vitamin A. Brush your hair often and shampoo frequently too. This would not be a good time to experiment with a new hair color. Your hair texture is changing, the upkeep is expensive, and after the baby is born you may find it hard to manage time for touchups.

Breasts

Simply keep nipples clean, and if colustrum, the sticky, colorless secretion of pregnancy appears, wash it off with warm water and soap. If you buy maternity brassieres, be sure to get one cup deeper than usual. To be certain, ask to be measured. Choose a sturdy cotton bra that comes high up over the sides of the breasts and supports them firmly. If the weight of your breasts becomes bothersome when turning over at night, try wearing a sleeping bra that is not too tight.

Abdomen

Ask your physician what he thinks about the value of a maternity girdle. If you are an athletic woman with strong abdominal tone you may not need one. Maternity girdles may give welcome support to women with weaker muscle tone or those who have had several children.

There's no need to wear a girdle until the fourth or fifth month of pregnancy. Buy one with a six to eight-inch let-out. Measure at the heaviest part of the hips and test by sitting. The girdle should be supportive, never constricting. Lie down while getting into the girdle and hook from the bottom up. Your abdominal wall may sag a bit after delivery, but it will regain much of its former tone after six to eight weeks.

Feet

Treat your feet with respect. They're carrying two. Shop for good-fitting, larger-sized shoes with sensible heels—about an inch to 1½ inches high—not flat shoes. It makes no more sense to squeeze into prepregnancy sized shoes than into a bikini. Changes in the mineral content of the blood and pressure of the enlarging uterus against blood vessels cause feet and ankles to become fluid filled.

Bathing

You may find that you perspire more than usual. The body throws off some of its waste through the skin, and your body is throwing off the baby's waste as well as your own. A daily bath is good care for your skin and a refresher for yourself. You may continue taking your tub bath, if that is the kind you generally take, through most of your pregnancy. In the later months, since getting in and out of the tub can be awkward, most women prefer a shower or sponge bath. Some doctors definitely rule out tub-bathing in the last month or two.

Teeth

A tooth for every child is an old wives' tale. To preserve your radiant smile, brush faithfully and see your dentist early. Tell him about your pregnancy. He will take care of any work that needs to be done promptly. He will probably postpone x-rays, and use only local anesthesia, if he must use anesthesia at all. Should a tooth become infected during pregnancy, it is safe to have it extracted. It won't harm the baby.

Maternity Clothes

Maternity clothes that are becoming and properly designed for comfort are easy to buy or make. Dresses, skirts, and slips should hang from the shoulders and be adjustable at the waist. Panties should be loose and adjustable. Since you won't want to invest too much money in them, it is wise not to begin wearing your special dresses until you really need them. Most women find they are comfortable in some of their regular clothes, perhaps with an adjustment here and there, until the fourth or fifth month. Be sure not to wear anything that binds around the waist.

Your brassieres should support your breasts but not be tight. They should have full cups, wide shoulder straps, and they should hold each breast up and toward the opposite shoulder.

Your breasts will probably not grow larger after the fifth month. Some women begin wearing nursing brassieres during their pregnancy, with tucks that they can let out as necessary. These should be large enough for later, when the breasts fill with milk.

Why It Is Sensible to Prepare in Advance

Sometimes expectant parents do not like to prepare too many things before the baby is born. This is all right if you are sure someone else will have time to get them ready later. But if you are expecting to attend to this yourself, it is wise to get what you need for the baby in advance, little by little if that is easier for you. Getting the baby's things together in one place, and keeping them separate from the rest of the family possessions, will save you time and energy after the baby arrives.

What You Will Need for the Baby's First Six Months

THE LAYETTE-THE SIMPLER THE BETTER

A layette—the baby's wardrobe—should be simple and practical. You will want enough but not too much, and no materials that need fussy laundering. Babies don't like to be dressed and undressed too many times a day. They need to be warm enough but not too warm, dry, and able to wriggle and move around in their clothes. Dainty dresses, bonnets and coats may be pretty but they are a nuisance to a baby. Besides, they will keep you washing and ironing when your baby is asleep instead of getting the rest you need.

Clothes for a new baby should be soft and comfortable against his skin, loose, easy to put on and take off. They should tie or snap down the back or front, rather than made to slip on over the head.

Under six months, a baby needs diapers, safety pins, waterproof pants, shirts, gowns,

a blanket, and that's all. Let doting grand-parents and friends supply the frills.

The simplest type of baby shirt is the classic buttonless cotton-knit model which ties with strings at the side and has tabs to which to pin diapers. Note: No drawstring should ever be used around the neck of any of the baby's clothes. If you buy nighties with drawstrings at the bottom, make sure the baby has plenty of room to move about and grow in.

Stay away from zippers as well as buttons and buy everything in Infant Size Two. Many of the tiny gifts you receive he may never be able to wear and babies grow surprisingly fast.

Nighties should be the simplest possible styles in flannel or stockinet. A knitted woolen one-piece suit is ideal for outings. Dresses, hats, stockings, booties are superfluous. Blanket weight depends on the climate where you live. Home-knit ones are excellent.

Basic Necessities

CLOTHING:

You will need:

3-4 dozen diapers, diaper service, or disposable diapers

5-6 shirts, long or short-sleeved, according to climate

5-6 nightgowns

2 sweaters, lightweight wool

4 pairs of waterproof pants

2-3 receiving blankets

1 diaper bag

1-2 diaper pails

SLEEPING NEEDS:

Bassinet: waterproof mattress.

2 small waterproof sheets.

3 small sheets - pillow cases will do.

2 small cotton or light-wool blankets, depending on weather.

No pillow.

Crib: waterproof mattress.

2 waterproof sheets, big enough to tuck under mattress on both sides.

3 quilted cotton pads.

3-6 crib-size sheets (can be made from partly worn household ones).

2-3 crib-sized blankets, lightweight, cotton or wool, depending on the weather. These can also be made from household blankets.



BATHTIME NEEDS:

l plastic tub or bathinette, a coated canvas tub on a stand of convenient height with a cover on which to dress the baby. Usually has pockets for bath supplies and a bar for towel and washcloth. Useful, if you can afford one.

2-4 soft towels.

3 soft washcloths.

1-2 bathtowels to spread under the baby on the bath table.

l cotton bath blanket.

Sterilized absorbent cotton.

Rustproof safety pins, diaper size.

Plain mineral oil.

Mild unmedicated soap.

A covered soap dish, covered jars for cot-

ton, oil, and safety pins, and a flat small dish for a day's supply of oil. A fitted bath tray can be bought, or a flat baking pan can hold small screw-top jars that you already have. Wash and boil them frequently when in use.

The Big Diaper Decision

Tell everyone who might possibly buy you and the baby a present the most wonderful thing they could give you is a gift of a diaper service. If everyone would give you a present of say two weeks of service each, your first days with baby should be more serene.

If they don't take the hint, you will need three to four dozen diapers. Gauze diapers dry more quickly than bird's eye, are more durable and less bulky. Stretch gauze diapers are even less bulky between baby's legs, fit better and are easier to pin.

Popular disposable diapers cost roughly twice as much by the end of the year, but are certainly worth every cent, if you can afford them. Latest disposables are more absorbent, pre-folded, and can be used without plastic pants or even safety pins.

If you subscribe to a diaper service, you will need only one or two dozen of your own diapers for emergencies. The annual cost of diaper service is just a little less than buying disposables.

Diaper liners used with woven diapers make laundering easier. Simply flush them away if your plumbing permits. Waterproof pants come in so many styles it is better to buy only a few until you decide which style is best for your baby.

Furniture for the Baby's Room



You will need a bassinet or basket for the first two or three months. After that the baby should have a crib with sturdy sides and bars close enough so that his head cannot slip through. The baby's bed should be at table height to save your back. If you are using a basket and if the baby's father is handy with tools he can fasten it securely onto a sturdy stand. He may also be able to make most of the other baby furniture you need.

You will need a table or a broad shelf covered with plastic padding at table height, for bathing or dressing the baby. If you have a bathinette, it will have a top you can use for this.

A chest, or at least a drawer especially for the baby's things is a time-saver. You will need a plastic-covered pail for soiled diapers. If you have a diaper service, they will provide this.

For yourself, have a low comfortable chair or rocker and a footstool where you will sit and hold the baby while feeding him, and a high steady stool to sit on while bathing or dressing him. Your own comfort is important; fatigue isn't good for either of you.

Make sure that paint on the baby's crib, and later on all baby furniture contains no lead, which is poisonous.

Watch for Sales

As you plan, remember you have at least six months to take advantage of seasonal

sales. Many department stores have sales of cribs, carriages and bathinets in October. After Christmas, there are usually sales of bureaus, chairs and tables. January white sales offer bargains in sheets, towels and blankets. And during National Baby Week in May there is often a wide range of special buys for baby.

The Baby Carriage

The carriage in which you will wheel your baby out on the street should be sturdy and steady so that it does not tip, and yet easy to push up and down steps and street curbs. It should also be roomy and comfortable for the baby to lie in, with a firm bottom. There should be a flat carriage mattress, and good carriage springs to take the bumps. The handle should be the right height for easy pushing, and the brake should be reliable and in good condition. It is often possible to borrow the first baby buggy, and sensible too, for they are expensive and soon outgrown. If you have a secondhand one, make sure it is put into good condition.

When there is a porch or a yard for the baby's airing, a large heavy baby carriage may not be needed at all. Folding carriages and a variety of lightweight ones are available. Some kind of stroller is useful after the baby's first year and through the toddler years.

Trial Run

Many hospitals conduct previews for expectant mothers and fathers. Trial runs will help you to find the fastest route to the hospital. You will also get to know the people who will help you during your delivery. This should help you to be more relaxed when the baby arrives.

What Will Your Baby Look Like?

No one can tell you. Each of us has a past going back generation by generation to the beginning of life on earth. Each individual begins with the outcome of a chance meeting of a particular egg and sperm. Which traits from which ancestors emerge, fate alone decides.

Boy or Girl?

Kings have divorced wives who did not bear them sons. Today, scientists know that it is the male's sperm and not the female's egg which determines the sex of a child. There are two types of spermatazoa, half have x chromosomes, the other half y. When an egg is fertilized by an x-bearing sperm, a girl is created, when it is fertilized by a y-bearing sperm, a male results.

The theory that boys or girls tend to run in a family has been disproved time and again by geneticists. Heredity does not determine the sex of a child. Nor is it possible to assure the sex of a child, despite all the theories you may have heard.

Finally, there is no practical way to predict the sex of a baby already conceived. There is one accurate method which involves puncturing the membranes with a hollow needle and examining the withdrawn amniotic fluid. This is done by some specialists when a birth defect or complication is suspected, but is considered too risky for general use.

Breaking the News to Older Children

If this is not your first baby, these last two or three months of your pregnancy will be the time to begin sharing news of the coming baby with the other children. To a young child, several months of waiting can seem very long, so it is not a good idea to break the news too soon. Older children are likely to know sooner. Whether they ask or not, you and your husband will do well to share the news with them as soon as you think they have guessed, so that they do not wonder, worry, or feel left out.

Unless they ask questions (which should be answered truthfully but not in unnecessary detail), all the children need to know ahead of time is that a new baby is coming and that their mother will be away for a little while.

Some natural jealousy of a new brother or sister may be expected later, but in a loving home where children are well prepared for the event, they usually feel excitement and look forward to the baby's coming.

The children, according to their ages, can help in some of the preparations for the baby's coming. It is a good idea to give them the opportunity to help whenever possible, and so make them feel that the new baby will belong to the whole family. But it is wise not to expect them to help whenever they are asked. Too many demands may make them more resentful when they may already feel uncertain about having to share their parents with another.

If you and your husband can give the children a little more attention than usual at this time, and join them more often in activities they choose, it will help them to

know that there will be enough love to go around for all of them.

A child likes to know that all this preparation was made for him, too, before he was born. He enjoys hearing about himself when he was a new baby.

In talking about the baby that is coming, it is not a good idea to be too definite with the children about what to expect. But it is good to give them an idea of what a newborn baby is usually like, so that they will not expect a playmate or a doll to come home with mother. Little boys as well as little girls sometimes find an outlet for their feelings about the new baby in playing with dolls, and this is good to encourage. Pretending to be mother or father taking care of a baby helps them to get used to the new situation.

Keeping the Older Children Happy While You Are in the Hospital

It is important for the children to know beforehand what arrangements have been made for their care when their mother is away. If the person who is going to look after them is a stranger, it is very important that they are given time and opportunity to get to know her while you are still at home.

Most hospitals do not permit children to visit patients on the maternity floor, so do not promise your children a visit to you and the new baby at the hospital until you make sure they will be allowed to come. If telephoning is permitted, they can talk to you daily on the phone. Also, their father can bring them messages or small gifts from you when he comes home from visits to you—and take you messages or gifts from them.

What You Will Need to Take to the Hospital



Whether you will have your baby at home or at a hospital, make your arrangements before the last two months of pregnancy. Hospital arrangements are generally made by your doctor soon after your first visit to him. All you will need to take for yourself can go into a small overnight bag which should be packed and ready beforehand:

2 or 3 nightgowns, if you like, to wear instead of the muslin gowns supplied by the hospital. Your husband can take them home to be laundered. Some women prefer pajama tops.

Robe or housecoat.

Bedroom slippers.

1 or 2 nursing brassieres.

Sanitary belt (the hospital supplies pads). Comb, brush, and hand mirror.

Toothbrush and toothpaste.

Cosmetics and toiletries as you like.

Talcum powder or toilet water.

Face tissues (some hospitals supply these). Bed jacket.

Writing paper, stamps, fountain pen or pencil.

A book or magazines to read. (This is a good time to read a book on baby care and child development—perhaps this PARENTS' GUIDE).

baby's clothes for home-coming, and leave it ready in a safe place for your husband to take to the hospital when he comes to fetch you both home. Most hospitals provide baby clothes during the hospital stay, but some do not. Ask whether your hospital supplies these, and if not, ask what will be needed and whether you should bring these with you when you come or have them brought later.

For the baby's homecoming bundle, pack the following:

2 or 3 diapers.

2 large safety pins.

1 wrapper or nightgown, or dress and petticoat.

1 sweater.

Bunting or cap and blanket.

The baby's outer coverings depend on the season. On a warm summer day a cotton receiving blanket is enough. In winter, the sweater plus the bunting, or the warm wool blanket and cap, will all be needed to keep the baby warm.

How to Tell When Labor Begins

A few weeks before delivery, the uterus slips downward and forward and your baby's head settles in the pelvis. The process is called "lightening." It will be easier for you to breathe but you may notice more pressure in the lower abdomen and some discomfort in your legs. With a second baby, "lightening" may occur a week or just a few hours before labor begins.

Labor may begin with contractions. They start as backaches which travel around to the front, much like the beginning of a men-Pack a separate bag or package of the strual pain. At first, they may come 20 min-



Coming home with the new baby.

J. Keating

minutes apart—or longer, and last for half a second or less. Later, they come closer together and last for longer periods. Call your doctor as soon as contractions start. He will tell you to time them and advise you when to leave for the hospital.

Sometimes labor begins with a "bloody show," a slight discharge of blood-tinged mucus. Ordinarily, this does not happen until contractions come close together. If you should have a bright red spotting or flow, call the doctor immediately. Sometimes, labor begins with the rupture of the membranes, or bag of waters. When the membranes rupture, call your doctor and plan to leave for the hospital immediately.

Important: Do not eat before you leave or en route if you are to have anesthesia.

Before you leave the hospital your doctor

will remind you to make an appointment for a final checkup in four to six weeks. If he has recommended a pediatrician, your new baby's doctor will probably visit both of you before you go home.

Final Checkup

The final checkup is a time to discuss future family planning. Your doctor will gladly tell you the relative advantages of the many contraceptive methods now available and help you to select the one best suited to you. If all seems normal again, if the pelvic organs are back to their original size and shape, the doctor will probably permit you to resume tub baths, douches and intercourse. You're on your own now.



J. Keating

First-time parents get valuable experience in caring for their new baby.

The New Baby in the Family



Every Baby Is Different

Nothing you read or hear about other babies, or about babies in general, can tell you what your own baby is really like. Every baby born is different from every other baby. From the moment when you first hold your baby in your arms you are getting acquainted with a very special small person.

Through the months of babyhood to come, you will find it useful to know all you can about babies in general, how they grow and learn, and how to care for them and help them to develop well. But you will find that in order to use your knowledge, you have to know your own baby.

All babies need to be kept comfortable, given the food that is right for them, and protected from harm. All babies need to be loved, to be played with and talked to, to be held and cuddled, and to be given quiet time to rest and sleep. Just how you and your husband will do these necessary things for this particular baby depends on the baby himself, his own personality and his particular needs.

Register Your Baby's Birth

One of the first things you will need to do is to make certain your baby's birth is correctly registered. A birth certificate is a necessary document on many occasions throughout life. Hospitals and doctors attend to this. You can ask the baby's father to see that this has been done, or to do it himself.

What a Newborn Baby Is Like

The average weight of a newborn boy is 7½ pounds, a few ounces less for girls. But many normal babies are born weighing less or more than this. The new baby may have little hair on his head or a lot of hair, often quite dark, and he may have a fuzz of hair on his back. Whatever color his eyes will eventually be, at birth they are blue. His head may seem somewhat long and narrow, possibly with ridges where the skull bones have overlapped for passing through the narrow birth canal. These ridges disappear after birth and the head takes more normal shape.

The new baby's face may be puffy and

wrinkled-looking, perhaps with reddish blotches. Gradually the baby's skin takes on normal color. The growth of hair with which he is born disappears. As he begins to gain weight after the weight loss of the first few days, he fills out and looks more baby-like with each week that passes.

New parents seeing a baby right after birth for the first time are usually surprised to find that he is so tiny, and also that he is so complete, down to the last toe-nail. His head seems large for his body. This is because his brain is already highly developed.

Everything in the world, every sound and sight and smell, everything is an altogether new sensation to the new baby. Even breathing is a new activity, and his breathing at first may be a little irregular, sometimes noisy and snuffling, sometimes so light that you can hardly tell whether he is breathing at all.

The new baby's vague blue glance looks at you but does not see much at first besides light, shadow, and moving blurs. His other senses, however, are well developed. He can hear, taste, and smell, and his skin is sensitive to touch. After the even temperature of his mother's body he is particularly sensitive to heat and cold. Babies should be wrapped and bundled closely at first. They should be picked up slowly and easily, rather than suddenly, and held securely.

Each baby has his own reactions to light and sound, but it is interesting how soon babies begin to distinguish the human voice from the other sounds they hear. The baby quickly shows that he likes to be talked to, just as he likes to be held and cuddled, patted and gently rocked. New as he is to the world, he responds to people and needs to have them near. Babies are born to be loved. They need love as much as they need food.

Premature or Tiny Babies Need Special Care

When a baby is born more than two weeks before he is expected, or weighs less than 5½ pounds at birth, he is considered a premature baby and given special care.

The sign of a premature birth experienced by an expectant mother is likely to be a gush of water from the vagina. This means that the bag of waters has broken. The doctor should be notified at once. Because of the small size of the baby, labor in premature birth may be short.

A seriously inadequate diet during pregnancy, and certain illnesses in the mother, are sometimes causes of premature birth, but not all the causes are known. The records show that women who have good prenatal care are less likely than others to give birth prematurely.

Even though the baby is born on time according to the mother's and the doctor's reckoning, a baby weighing less than 5½ pounds does not have enough body fat to maintain his own body temperature and therefore has to be kept in an incubator or a heated bed. He is not strong enough to suck, so he has to be fed by medicine dropper at more frequent intervals than a larger baby. He needs careful watching and protection from colds or infection, and at the same time he has to be handled as little as possible.

For all these reasons, the best place for a



Doctor helps new baby to take first breath.

premature or tiny baby is the hospital. If the baby is born in a hospital, he is kept there for the special care he needs until he weighs 5½ to 6 pounds. His parents may see him, usually through the glass of the special nursery for premature babies. When he is doing well and nearly ready to go home, his mother is instructed in how to take care of him. In some hospitals she is

given some practice in bathing, dressing, and feeding him while he is still there.

When a premature or tiny baby is born at home, the doctor is usually the one to decide whether he is to be moved to the hospital and how soon this can be done. The care of such a baby during the first few days after birth is very important. When to move him depends on how far away the hospital is, what facilities there are there for premature baby care, and how able the baby is to stand the journey.

The feeding of a premature baby is the most difficult part of his care. If there is a chance to get him to a hospital by the time he is four to five days old, it is safer not to feed him. There is always the danger he will choke and stop breathing. If you must care for him at home, don't feed him until he is 72 hours old.

Some hospitals and state health departments have a special service for premature babies, and some have ambulances equipped to take babies from the home to the hospital. If a special ambulance is not available, a baby may be taken to the hospital in his warm bed in a heated car, depending on the season of the year. If proper arrangements can be made at home, especially when the hospital is rather far, the doctor may decide that a baby of four pounds or more can be cared for at home.

A tiny baby cannot nurse, but breast milk is likely to be good for him. In many cases, with instructions from the doctor, a mother has been able to keep up a supply of milk for her baby with a breast pump while he is in the hospital, and thus be ready to nurse him when he is strong enough. When this is not possible the baby is given a special formula. Evaporated milk is often used for this.

When a premature baby gets along well and reaches six pounds or so, he may need a little more frequent checking by his doctor than other babies, but otherwise he is ready for the same care as any other baby his size. Parents may at first feel a little uncertain about picking him up, holding him, or playing with him, but they soon get over this timidity. Their baby needs the same loving attention as any other baby, and thrives on feeling close to his parents just as other babies do.

Once they are well started, tiny babies often grow and gain weight more rapidly than bigger babies. They may seem at first to be slower in development and activity than other babies of the same age, but this is only because they began living in the world at an earlier stage of their development than full-term or larger babies do. They need time to catch up.

Parents of a premature baby sometimes continue to worry and hover protectively over their baby long after he is ready to be treated like any normal baby. This is not good for either the baby or his parents. Of course they are glad and relieved that their baby is growing well and developing; but now they must give him a chance to become emotionally independent as well as physically strong and vigorous.

Twins?

If your doctor has told you to expect twins, he has probably told you also how to prepare for them. Twins are wonderful in a family, but caring for them at first involves a good deal of work, and it is wise to arrange for help if you can possibly manage it.

One or both of the twins may be small at birth, and may need premature baby care for a while. The doctor is the best one to decide whether this is necessary or advisable.

Breast feeding is usually possible for twins, and the time saved by breast feeding is a particular advantage to the mother of twins. In a few cases, there may not be enough milk for both babies, and the doctor may want the smaller baby to nurse.

Twins may be identical or fraternal. Identical twins are always either two boys or two girls, and generally resemble each other strongly, since they both grew from the same cell, though that cell later divided into two.

Fraternal twins may be of the same sex, or they may be a boy and a girl. They are actually different individuals and may not resemble each other any more than any pair of children of the same parents, because they grew from two different cells that happened to be fertilized at the same time

Parents often dress twins alike and treat them alike, partly for convenience and partly because twin babies are especially attractive. This may be enjoyable while they are very young, but it is wise to begin giving each twin his chance to develop as an individual as soon as possible. Fraternal twins are different individuals in every respect except age. Even identical twins need the opportunity to become individuals.

The New Baby's Sleep

A baby knows how much sleep and rest he needs, and he will get it if you give him the chance. If his meals are satisfying and he is generally comfortable, he will usually take care of his own sleep needs. A reasonably quiet place for his crib or bassinet, and some fresh air during the day, will help him sleep longer. He can also sleep in his carriage out of doors during the day. Many a baby who goes marketing with his mother sleeps peacefully through it all. In general, however, it is best to avoid taking a baby of any age into crowded places or public conveyances unless it is really necessary.

The young baby needs no pillow. His covers should be lightweight and no warmer

than the season requires, and they should be tucked in. It is often felt that a baby too small to lift his head is safest sleeping on his back. Many babies, however, seem to prefer sleeping on their stomachs. This is usually all right for a normally healthy baby, if he sleeps on a firm mattress, with lightweight covers well tucked in.

Make your baby's bed with a waterproof sheet over the mattress, a crib pad over that, and the sheet itself on top. Put a small waterproof pad directly under the sheet where the baby lies.

Burp the baby and put him to sleep after his feeding. If he has fallen asleep over his feeding, be sure to burp him first and then put him down. (See how to do this under *Breast-Feeding or Bottle-Feeding* on p. 30). Many young babies have a bowel movement either during or immediately after a feeding, so you will probably have to change him before you leave him for his nap.

The New Baby's Waking Time

The new baby sleeps most of the time, waking at odd hours regardless of day or night. As the weeks go by, his sleeping needs will change. Some babies seem to sleep from feeding to feeding through the first months, and some are more wakeful.

Each baby chooses his own time of day to be wakeful, and tends to be awake about the same time each day. If one can judge from the number of cartoons about the harassed father walking the floor with his infant, a good many babies seem to choose the middle of the night for their waking time!

While a baby may occasionally be wakeful at night, most babies usually settle for a



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Mother holds her baby to give proper support to head, back, and buttocks.

daytime play period, usually the late afternoon. Most mothers, and fathers too, look forward to this and make it a time for playing with the baby, talking and singing to him, and generally getting to be friends.

A baby who is comfortable can also spend some time by himself when he is awake. If you come and talk to him occasionally, he is less likely to feel lonesome and better able to be by himself than if he is left alone too long at a time. If you find that he cries when you leave him, even though you have made him comfortable, it does not hurt to go away and come back at short intervals, so that he will know he can depend on seeing you soon again. He may only want the pleasant feeling of having someone around. If you can move him to another room where he can see and hear you, he may enjoy himself quite contentedly until you have time to spend with him.

Circumcision

If not prescribed by your religion, circumcision is a matter of choice. Circumcision is the cutting away of the foreskin, a small fold of skin that covers the end of the penis. If it is to be done it is usually done during your hospital stay. Later the procedure is more difficult.

The circumcised male is less apt to develop infection of the penis and cancer of the area is known to occur only in non-circumcised males.

If your baby is circumcised, protect the wound with boric acid on a small single thickness of sterile gauze wrapped around the penis. There may be a small pink stain on the diaper once or twice. If there is continued bleeding, call your doctor.

When the New Baby Cries

A new baby's only way to let you know that he wants or needs something done for him is by crying. So his cry may mean one of several things: that he is hungry, or he is wet or chilly or too warm, or something is hurting him, or he is upset or lonesome and needs comforting.

A baby's hunger cry is different from his other crying, and you will come to recognize it before long. Meanwhile it is easy to check on the other possible causes first. Many babies do not mind being wet, but some do, and you can find out quickly enough whether that is why he is crying. An open pin sticking a baby is rare, but you can check whether it is this or some other discomfort his clothes may be causing, such as a nightgown or wrapping blan-

ket that has become twisted or wrinkled under him in some way. You can make sure his bed is comfortable and that he is covered enough and not too much.

If he was fed just a little while ago, pick him up and burp him again. An air bubble may still be bothering him. If he is still unhappy, a little drink of warm water from his drinking bottle may soothe him. Put him down so he can try to go to sleep again. Many babies fuss and whimper a little and then go to sleep again. If it is half an hour or even an hour before feeding time, give him the breast or bottle. Read the section on What Eating Means to the Baby and the later section on Feeding Schedules to know why you should feed the baby when he is hungry and not wait for the clock to tell you it is feeding time. The baby himself is your best clock.

Some mothers are able to attend to the baby's needs, make sure he is all right, and then let him cry if cry he must—though he shouldn't be left to cry for too long. But the mother of a first baby is often not able to bear her baby's crying for long and becomes upset more and more quickly each time it happens. By all means, then, she should pick him up and do everything she can to comfort him.

If your baby seems to cry a good deal, discuss it with your doctor. Long periods of crying may have some physical cause your doctor can discover. Once he is able to assure you that there is nothing wrong, and nothing more you can do than what you have been doing, the best way to deal with



your baby's crying is to leave him in competent hands occasionally for short periods, and take yourself out of hearing. (See Baby-Sitters, p.286.) Your pleasant afternoon of shopping or visiting with friends, your evening out, will help your baby by relaxing you and bringing you back fresh to the job. Your husband and you can take turns at an evening off occasionally, and once in a while it will be good for you to go out together, leaving the baby with someone reliable and competent, of course.

During the first weeks a baby's crying rarely means that anything is seriously wrong. Illness shows in other ways along with crying. But a baby can be just plain unhappy and want comforting.

A baby who cries hard, especially after meals, may be suffering from three-months' colic. (See p. 104.)

A New Baby Isn't Spoiled by Attention

You need not hesitate to comfort your baby by holding him, patting him, rocking him, singing and talking to him. Most babies who get attention when they need it are able to do without it when they are all right. During the baby's first three months you won't spoil him by too much attention.

Even a tiny baby has personal needs. From the very beginning of life, he needs to be loved and shown that he is loved by his parents. In his complete helplessness he needs to discover that he can depend on his parents to take care of him and see to his comfort. He discovers this day by day, when he cries and someone comes in answer to his crying. He also discovers that he is loved when someone who comes to care for him

or feed him is friendly and patient with him, not hasty or abrupt. A baby does not understand hurry or efficiency. Hurried or impatient attention may make his body comfortable but still leave his feelings unsatisfied.

A hovering anxious person, however, is no more reassuring to him than a hurried one. The baby does not understand that you are anxious for his sake. Anxiety and tenseness in the person who is taking care of him may give him a disturbed feeling that something is wrong. Very often, fretfulness in a baby is only a reflection that something is wrong. Constant fussing and worrying over your baby may spoil him in time. Quiet comforting attention when he needs it will not spoil him at any age, and he needs it particularly when he is too tiny and helpless to do anything for himself.

Babies do differ from the beginning in their need for attention and companionship. Some babies are born placid and easily contented, while others seem to need more frequent reassurance that they are truly loved and cared for. Such a baby is certainly calmed more by a calm self-confident mother than by a nervous one.

What Eating Means to the New Baby

A new baby knows how much food he needs, and how often. X-ray studies of little babies have shown why different babies have different times for getting hungry. With some babies the stomach empties its food in an hour; with others it takes as long as four hours.

Most babies are ready to eat every three or four hours. For this reason your doctor

or the hospital will give you a schedule of feedings every four hours at 6 A.M., 10 A.M., 2 P.M., 6 P.M., 10 P.M., and 2 A.M. This is merely a rough guide to start you off, so that you will know in a general way what to expect. But follow your own baby's needs rather than the schedule.

A baby who is fed when he is hungry, and who is allowed to take as much food as he wants and as much time as he needs to suck, is more likely to be a healthy contented baby. Regular check-ups with your baby's doctor, with the visiting nurse or the well-baby clinic, will reassure you about your baby's progress.

Hunger is a new baby's most painful sensation, and eating is his greatest joy. If you will watch your baby as he nurses, you will see how much this means to him. He quivers with eagerness when the nipple goes into his mouth, he breaks into a perspiration as he sucks, and if he is interrupted he is furious. When he is satisfied, he falls blissfully asleep.

Eating means comfort for a hungry baby, but it also means much more. His mother, or whoever feeds him, is the baby's first ambassador from the world of people. When this person is loving and friendly, relaxed and cheerful, the baby's first impression of the world is that it is a friendly place where he will be comfortable, cared for, and loved. With such warm and pleasant feelings a baby is likely to eat better, grow better, and learn and develop better than if the world seems a cold and uncaring place where he must fight for the attention he needs. At every meal-time, while you hold your baby and feed him, he drinks in love along with his food. Both are equally important to him.

Happy meal-times now are also a good foundation for healthy eating habits later on. If the person who is feeding him is tense, hurried, or anxious, the baby feels this and becomes tense too. He may show that he is disturbed in various ways. He may fuss, or dawdle, or hurry and swallow too much air, which may make him spit up or perhaps give him a stomach-ache.

The baby's meal-time is a time to put other cares out of your mind. Many mothers have found that the quiet tender time they spend feeding the baby is really a rest and relaxation from their many responsibilities.

You need not worry if your baby does not eat as much as you think he should at each feeding. As long as the baby is gaining weight steadily and seems generally contented, chances are he is doing all right.

The New Baby's Bowel Movements

The new baby's first bowel movements are a nearly odorless dark green or greenish black substance, thick and sticky, called meconium. As the baby begins to eat, the bowel movements change.



Feeding the baby is a happy family affair.

A. Devaney, Inc.

A healthy breast-fed baby has bowel movements of a yellow or orange-yellow color, soft and sometimes containing small curds. He may have a movement several times a day, after every feeding, or only once a day or once every two days. Breast-fed babies rarely have hard bowel movements and are rarely constipated.

The bottle-fed baby's movements are usually yellow to brown in color. They may be pasty, or loose with lumps of curd, or quite firm. Babies fed on formula tend to have hard movements rather than soft. If the baby's movements are too hard for him to pass comfortably, a change from granulated sugar to brown sugar in his formula may help. Brown sugar is used in the same quantity as granulated sugar.

Changes in the baby's formula should be made only with the doctor's approval. It is never safe to give an infant medicine to help his bowels, because this weakens the normal muscular action of the baby's own eliminating mechanism.

Diarrhea means frequent loose movements, usually green in color. This is a sign of something wrong. It is best to report any serious change in the baby's bowel movements to the doctor at once.

Father Can Help with His New Baby

The baby needs his father. Fathers often feel useless and clumsy around a new baby, but the truth is that a new father is sometimes no more awkward with a baby than a



Father and sister share in caring for the baby.

M. Heron/Monkmeyer

new mother. And it is good and necessary for both baby and father that they become friends from the beginning.

Many fathers do make themselves useful in many ways: doing the laundry, boiling the baby's drinking water, sterilizing the bottles, and making the formula if there is one. The danger is that in doing only the chores of parenthood the father may have little of the reward that comes of being actually with the baby. The baby needs to know that his father, too, is tender, loving, and dependable. But he will never learn this while father is out in the kitchen doing the chores.

You need your husband too. Even an experienced mother can feel panicky and unsure. At such times it is comforting to know that you do not have to do everything and decide everything alone.

Mother and baby seem so inseparable at first that a father usually needs some encouragement to step in and take his share of the baby. Mother-love and father-love both grow and blossom in the daily experience of coming to know the baby through caring for him. You and your husband can do a better job as parents together than either of you can do separately.

Helping the Other Children Not to be Too Jealous of the New Baby

No matter how well parents prepare the children in advance for the new baby, and no matter how much the other children have thought they wanted a new brother or sister, the baby's actual coming is bound to bring mixed feelings. An older child may feel that the baby is inconvenient, causing

changes in the family's way of living and taking up his mother's time. A young child often fears that his parents no longer love him as they did, now that they have a baby to love.

One way to put them in a tolerant frame of mind is to let them share in the baby's homecoming. A child who is old enough may perhaps go along with father to fetch mother and the baby home. For younger children, however, it is wiser to have mother and baby already settled at home. This gives the mother a chance to do what she needs to for the new baby and also to get the rest she needs before the other children come home. She will then be better able to give them her chief attention and show them wholeheartedly how glad she is to be home with them again.

Or let Dad carry the new baby home so mother can give the older child a big hug the minute she enters.

If the newcomer is to take over the older child's crib, establish the older child in his new bed well beforehand so he won't feel like a displaced person. Explain he's moving because he is too big for a crib.

The children need opportunities to enjoy the pleasures of having a baby in the house, since they have the inconveniences to put up with. They can get over their resentment toward the baby more easily if they feel the baby belongs to them as well as to their parents. Even a young child can be allowed to hold the baby for a few minutes if he wants to, sitting in a safe low chair and with father or mother right beside him to show him how and to help.

Let the children do more than just fetch things and run errands for you when you are busy with the baby. Let them help pat the baby dry after his bath, feel his grip on their fingers, talk to him and play with him while you are there.

Neglect some household tasks in order to give the older children the attention they want just now. Father can take over the baby's care from time to time or, equally important, spend time with the older child himself.

Relatives and friends of the family may need to be tactfully reminded that the older child, too, would enjoy their attention and perhaps a little present when they bring one to the new baby. Some parents thoughtfully keep little gifts handy for such occasions.

The older child may like to be the one to show the new baby to visitors. But remember he might also like some friendly interest shown in himself.

Try to steer visitors' conversation to include the older child and warn Dad not to ask first about the new baby when he comes home.

When an Older Child Goes Back to Baby Ways

After the new baby comes you may find an older child going back to baby ways for a while. This is a frequent and natural expression of the child's jealousy. It is hard to share one's mother with a new and not very interesting stranger, and it is especially hard to be displaced from the favored spot of baby of the family. Your older child may become whiny and babyish in ways he or she had long outgrown. When a new baby comes into a family many little boys and girls refuse to eat, are wakeful at night, take

to wetting their beds again, or show unhappiness in other ways. Outright roughness or meanness to the new baby is also a natural expression of these unhappy feelings. The baby must be protected, but it does no good to punish the older child or make him feel that he is "bad." This is when your child is most in need of your patience and kindness. He needs to know that you understand how he feels, and also that you know he will get over this troubled time and be happy and loving again.

Even if your older boy or girl does not show any jealousy you may be sure it is there. Children often disguise these feelings under sweet kind words about the baby.

Children's Bureau Photograph by Esther Bubley



This child has gone back to baby ways because she is jealous of the attention the new baby is getting.

A child may even be unaware of his hidden resentment and not be able to express his feelings because he does not understand them. Their violence overwhelms him. Besides, in a way, he probably does love the new baby too, and this only adds to his confusion.

Unwilling or unable to vocalize his emotions, he may take out his hostility in ways that *seem* to have nothing to do with the new baby.

Breath-Holding

He may break into a fit of crying and hold his breath for so long that it scares you. He may even begin to turn blue. Some babies hold their breath in exactly this way when they get angry. But, alarming as this may seem to you, it is usually merely a sign of suppressed anger. Treat it as calmly and soothingly and with as much understanding as possible.

Biting

Biting is another manifestation of the same thing. A teething baby often bites anything within reach, including his mother's cheek or finger, and it doesn't mean anything unusual at all.

But when an older child bites, especially when he bites other children, it can very well be a sign that he is jealous of the new baby in his family. He doesn't dare bite the baby.

Jealousy of a new baby is inevitable, but it can be handled.

Metropolitan Life Insurance Co.



Of course it isn't always jealousy that causes a child to bite other children. It may mean strain or tension of some other kind, or he may feel that the other children are a threat to him in some way.

Every child needs to be reassured by his parents, in their behavior even more than in words, that their love toward him has not changed because of the new baby.

It does no harm to baby an older child who is learning to accept the new brother or sister. To feed and carry him as though he were a baby again, even to let him drink from a bottle, is quite harmless. It can be a good-natured game, and no one should be allowed to make the youngster feel ashamed or laugh at him. When an older child shows that he wants to play baby and his parents go along with him in a friendly way, he usually finds before very long that he doesn't really care for baby ways any more, It is no use trying to talk a young child out of these feelings, but letting him act them out in these harmless ways helps him to get over them more easily.

You can also help your older child appreciate the advantages of being older by giving him a few new privileges appropriate for him, such as a later bed-time, and occasional treats with father or mother that the baby is too little to share.

Learning to accept brothers and sisters is one of the ways that children learn to get along with other people generally. Rivalry among brothers and sisters comes and goes at different ages. In a family where each child can count on his parents' continued love and interest in him, this competition among the children may often be annoying but is not likely to be lasting or damaging.

New Mothers Should Keep Themselves Happy Too

Every mother hopes her baby will eat, sleep, and play cheerfully, and not cry much. You can help to keep your baby as contented as possible by getting enough rest and recreation to keep yourself relaxed and cheerful. The more rested you are, the more calm and contented your baby is likely to be.

At first it may seem to you impossible to take care of the baby, attend to your other responsibilities, and also take time off for yourself. If you have other children, they need your care and attention too. If this is your first baby, you are inexperienced and everything you do for the baby seems to take much longer than it should.

It takes a little while for a mother to get her strength back, too, so during these first weeks you cannot expect to do as much as you are accustomed to do. This is why it is a good idea to have someone to help with the housework for a while, if you can manage it. You and your husband can decide together what she can take over of the household tasks, care of the other children, and care of the baby.

There is no harm in letting some household chores go during the first months either. A happy relaxed family is much more important than a clean and tidy house. First things first.

Luckily a very young baby sleeps a great deal. You can use some of his sleeping time to get some tasks done, but it is wise to use some of the time to get a little rest yourself. You will need rest during the day to make up for your broken sleep at night. Though you will probably need to get to bed early, even short visits with your friends are better than none at all. If you want to go out to visit, you can take the baby with you sometimes, provided you do not take him where there are colds or other illnesses.

There will be times when you and your husband will take turns going out while one of you stays with the baby. If you have a relative or some other reliable person with whom you can leave the baby, you and your husband can go out occasionally together. Perhaps you and some of your neighbors with young children can arrange to baby-sit for each other.

"Baby Blues"

Many mothers find themselves feeling depressed some time after their baby is born. These "baby blues" may come while a mother is still in the hospital or soon after she comes home. It is not unusual for a mother to surprise herself and her husband by bursting into tears for no apparent reason.

It is not hard to explain this. After the months of preparing for your baby, and the exhilaration of knowing that your baby is actually here, there is likely to be a let-down feeling. You may not be aware of it but probably you are thinking about the tasks of baby care and the responsibilities of motherhood, and right at this moment you do not feel at all up to it. This form of depression is extremely common. It is partly physical, coming from the body's reaction after child-bearing, and partly emotional, because child-bearing is, after all, a profound emotional experience.

It is also something of a let-down to discover that feelings of mother-love do not necesarily come over you the first time you hold your baby in your arms. Many women are more aware of the strangeness and newness of the baby, and of their own nervousness about taking care of him, than of maternal feelings. It is perfectly natural to need a little time, sometimes weeks or longer, not only to feel comfortable with your baby but to be aware of how much you actually love him.

A husband is usually more upset by a wife's unexplained tears than the wife is herself. The best thing a husband can do for his wife at such a moment is to put his arms around her and let her cry. At such a moment a husband generally makes a resolution that he will be particularly attentive and helpful. Whether or not he succeeds in keeping to this good intention, he can do one very helpful thing: he can take over part of the responsibility of keeping his baby's mother from getting too tired or tense during the first few days and weeks at home.

You may not have any "baby blues" at all. But in case you do, be sure your husband reads these paragraphs so that he understands the situation and how he can help.

Watching Your Baby Grow

Busy as you and your husband will be during the coming months, be sure you are not too busy to enjoy your baby and watch him grow. The human animal does more growing and learning in his first year than in any other single year of his life.

A baby learns almost from his first hour. For weeks he may seem to be interested only in himself, his own sensations of comfort or discomfort. But he is taking in impressions with every waking moment. After weeks during which you have talked and smiled to him without any apparent effect, suddenly one day his solemn little face breaks into an answering smile. At last the nerve centers in his baby brain have worked out the right combination for expressing his pleasure in your company. By four or five months he will be laughing out loud with you.

When, What, and How a New Baby Learns

In the same way, each skill that the baby learns must wait until his nerves and muscles are ready for it. This pattern of development is different with every baby. One baby will walk early and talk late, while another may say words long before he begins to walk. Creeping is the stage before walking for most babies, but some babies never creep at all before they walk.

There is no set time for an individual baby to sit up, walk, or talk, just as there is no set time for him to cut his first tooth. In general, however, babies follow a certain order in their learning. A baby can hold a rattle that you put into his hand some time before he is able to put it down.

The human infant develops from his head downwards, and learns to use his arms and hands before he can use his legs and feet. He can pull himself up to stand by the strength of his arms before his legs can hold him up.

A baby usually learns first to hold his chin up while he is lying on his stomach. If he is curious about what is going on around him, he may get both his head and chest up next. Perhaps by accident, he

manages one day to roll from his stomach onto his back. Getting back again on his stomach is harder and takes longer.

By the time a baby can roll over, it is never safe to turn your back when he is on a table, or bed, or to leave him alone anywhere except in his crib with its high sides.

He may be quite a while discovering how to get his hand to his mouth. Getting his fingers separated is still another step. His fists remain tightly clenched for some time. When your baby is waving his hands in the air with fingers spread, he is about ready to grasp something. Give him your finger and feel him clutch at it. Now he can hold a rattle. But it will be the middle of his first year before he can reach for it.

When and What a New Baby Sees

At first a baby's eyes do not see a clear image. This is mostly because the center in

Baby begins to recognize things and people in the world around him.



Mrs. R. W. Hewetson

his brain is not able to interpret what he sees. His eyes may be crossed now and then in the early months, because he has not yet learned how to make his eyes work together perfectly.

Scientists have recently discovered, however, that children are able to discriminate more things in the first months of life than we dreamed of. On the day of birth, they can trace a triangle with their eyes. By the time they are one month old, they can spot the identity of objects and know when something has changed.

And by five or six months he knows the difference between a familiar face and a stranger's. He is developing the power to remember and recognize. This is when babies are likely to cry at seeing someone they don't know or haven't seen for a while, or at Daddy with a hat on. At this age, visitors, even grandparents, should not mind keeping their distance and letting the baby look them over before he decides to be friends. Most babies are friendly but they are easily upset by the sudden approach of an unfamiliar adult. Give them time.

Sitting and Standing

A baby may try sitting up, pulling himself up by your hands, long before his muscles are strong enough to keep him sitting steadily. It is better not to prop him up in his carriage or high chair until he can sit straight by himself. He may like half-sitting in his carriage, well supported by a slanted pillow, so that he can see out, and this is all right if his back and neck are straight. When he can sit well alone, it is a good time to get a play-pen if you plan to have one, so that he can play in safety in the liv-

ing room, kitchen, or set it up on the porch or in the yard on fine days. A harness for his carriage and one for his high chair are necessary safety measures now.

Some time after six months a baby is likely to discover how to propel himself backwards, forwards, or sideways. This is a big discovery. Now he can get where he wants to go, without help. Soon it will be time for a gate at the top and bottom of the stairs, and for putting easily tipped lamps and tables out of the way. Generally the baby who can creep can also pull himself to a standing position, and will grasp at any handy object to pull himself up. The baby needs to exercise his big muscles.

Almost every baby has the experience of finding himself standing up and unable to sit down again. You take his hands from the rail of the play-pen and let him down, and in a moment he is up and crying for help again. Be patient. Soon enough he will discover that he can let himself part way down while holding on, and that the bump when his bottom hits the floor is not so bad.

Baby's First Steps

The day when your baby stands up in the middle of the floor and takes a step by himself is a big day. He may be so alarmed



A play-pen has its uses.



Mother and baby understand each other's conversation.

D. Pinney/Monkmeyer

at his own daring, and by the bump when he falls, that he may not try it soon again. A few babies walk before their first birthday, and some put it off until after the middle of their second year, but the average is between a year and fifteen months.

How Babies Begin to Talk

A baby begins to coo and gurgle almost as soon as he begins to smile. Babies learn to talk by hearing people talk and by being talked to, but they also do a great deal of practicing. They babble more or less through their first year. This is their way of getting complicated talking mechanisms working. They also practice by listening to themselves make all kinds of sounds. Talking to your baby in simple words, slowly and pleasantly, while you do things for him, gives him a feeling of sociability, and it meanwhile tunes his ears to speech. The simplest sounds for most babies to make are da-da and ma-ma. This is why, in many languages, these are words that mean father and mother.

A baby's learning is gradual, and it goes at the baby's own pace. Hurrying him to learn something before he is ready does not speed up his learning; it may actually hold him back. Each new experience is a learning experience, and for a baby a good many of these experiences are bound to be frustrating, sometimes painful or frightening. Parents can help by making their baby's learning as pleasant and free from fear or pressure as possible. Watch your baby develop, enjoy him, and give him freedom and safety to help him grow happily and well.

How Environment Can Modify a Child's Inherited Traits

Many traits that a child is born with are modified by environment. In a family of generally short stature, though the children may never be outstandingly tall, with good food and healthy living they are likely to grow taller than their parents. The average height of boys and girls in the United States has increased measurably through several generations. A child with a tendency to be sensitive and easily alarmed will not necessarily grow up filled with fears, nor will a child who shows daring and boldness in his early years necessarily become a reckless adult. Thoughtful parents who see each child as he is can help each one to develop his particular strong points and compensate for his particular weak ones.

Some children are born with greater intellectual capacity than others, some with more skill in their hands. Some are more thoughtful or slow-moving and some more lively and physically active. There are inborn differences to begin with, but in every case they are modified by environment and experience. Bright children have been dulled and slowed by emotional disturbances. On the other hand, children who are naturally

slow in learning have become good and thorough students, not because they have been pushed to achieve what was beyond them but because they have had steady, understanding encouragement of their interests and recognition for their achievements.

Even the IQ, the intelligence quotient, which was thought for years to be a measure of a child's inborn mental capacity that could not change, has been found to rise higher when a child's experiences enrich his life. From the practical point of view of parents, the important fact is that a child can improve in many ways formerly considered inherited if he has a lively, interesting, physically and emotionally wholesome life.

Onward and upward to the next stage of growth.

Philip Gendreau, N. Y.





"Here I am, Mother."

Chapter Four

The Baby's First Year



Health Care for Your Baby

BETWEEN the moment of birth and his first birthday, a baby develops from a tiny creature unable to hold up his own head, into a youngster who can laugh, cry, sit, stand, crawl, walk holding on, and possibly even walk a few steps alone. He smiles, laughs, plays with toys, responds to little games with adults like peekaboo or clap hands, and may be beginning to say a few words. He has two or more front teeth. He is eating meat, eggs, vegetables, and fruit, as well as cereals and pudding, and may be trying to feed himself with a spoon. He may be able to drink from a cup as well as from a bottle, and can gnaw on a crust of bread he holds in his own hand.

Why Your Baby Needs His Own Doctor

Through all this growing and developing, you will want to be sure your baby has the best care you can give him. A careful reading of this book—chapter for chapter before you are likely to need the information in it—should be helpful in preparing you for what to expect and how to cope with situations as they come along. It should also prove helpful as a reference book to

consult when a specific situation arises. But no book can give you more than information that applies to babies in general. When you are in doubt about what your particular baby may need, consult your doctor.

In the early months especially, a baby doctor, clinic, or visiting nurse should be checking regularly on your baby's diet to see that he is getting enough of all the proper foods he needs for good bones, muscles, and teeth. If he is bottle-fed, you will need help in changing his formula as he needs more and richer nourishment. Even if he is breast-fed, you will be giving him additional foods very soon. Your baby's doctor can give you helpful advice on when and how to wean with most comfort to the baby and yourself. If the baby should become ill or even if some little difficulty comes up, such as hard bowel movements or crying after eating, a doctor who already knows the baby can usually be more quickly helpful than one who is seeing the baby for the first time. For your own peace of mind it is a great help to have a family doctor or pediatrician to turn to with questions.

Your baby's doctor or the clinic doctor usually wants to see the baby once a month during the first six months, and then every



Mother takes baby to the doctor for regular check-ups.

two months during the rest of the baby's first year. At each visit the baby is weighed and measured and thoroughly examined. After the examination the doctor will tell you what you need to know about the baby's care and feeding until the next visit, and he will answer your questions.

Between visits, it is a good idea to write down questions that you will want to ask the doctor the next time. The doctor can answer some questions by telephone between visits, but do not hesitate about asking him to come to the house in cases of serious illness or accident.

Every baby is different. Remember that

if another young mother is getting different instructions from her babys' doctor, your baby's doctor knows your baby, and it is his advice that you should follow. If you have doubts about anything, ask him. He is there to help you take the best possible care of your baby.

Baby's Daily Care

The most important part of a baby's care, of course, is his feeding together with love and attention that must go with it. Even if nothing else were done for him, a normal healthy baby could manage to get by on these two essentials. Many babies born in



The most important thing in baby care is mother-love.

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flood, shipwreck, and other disasters have survived on food and love alone.

By the time your baby is born you have probably decided for breast feeding or bottle feeding. Whichever you choose, the important thing is for you to be comfortable in your mind and happy with your baby during his mealtimes.

Besides his feedings, the daily care you will give your baby includes keeping him clean and giving him fresh air, sunshine, time to rest, and time to play and enjoy companionship.

You can tell how your baby is getting along by the way he looks and behaves and by whether he is gaining weight.

Baby's Bath

Generally speaking, baby enjoys his bath, and so does the mother or father who gives it to him. At first, baby and his parents may be a little uncertain, especially, if he is a first child. But it is not very long before the baby's bath becomes enjoyable for everyone.

The baby is usually a few weeks or perhaps a month old when he gets his first bath. When he is first born his skin is very tender, and the whitish secretion which covers him at birth remains to protect his skin while it gets used to the air. For the first few days the baby is not washed at all, but begin-

ning about twelve hours after birth his face and the creases of his body can be cleaned gently with absorbent cotton dipped in mineral oil. The diaper area can also be cleaned this way.

When the umbilical cord has dropped off and the navel has healed, the baby has his first bath. From then on he can be bathed or sponge-bathed daily unless he has a cold or the house is not warm enough for his bath. (See Care of the Navel, p. 82.)

The time to give your baby his bath is before a feeding. Many mothers find it convenient to bathe the baby before the 10 A.M. feeding. If you will not be too busy getting dinner in the evening, you may like to do it before the 6 P.M. feeding. If your husband is at home then he can see the baby being bathed and may even want to take over the job himself.

When the baby is getting orange juice, beginning some time during his first month, it may be a good idea to give it before his bath. It will keep him from getting too hungry and impatient for his feeding and then he can enjoy his bath more.

Bathe the baby in a warm room without drafts, whichever room that may be. Have the bath water at body temperature, 90-100 degrees. If you have no bath thermometer, test it by dipping in your elbow. It should be neither hot nor cool, just comfortably warm. Put in only a few inches of water at first, until you are confident of your skill. Make the tub less slippery by putting in a fresh diaper or towel as a lining.

Get the bath and everything you need for it, including the baby's clean clothes, ready before you pick up the baby. You

must not leave the baby in the tub or on the table while you get something, even for an instant, and you will not want to take him with you out of the warm room. So, before you begin, be sure to have ready:

Castile soap
Washcloth

Large towel to lay the baby on Small towel to dry him with

Diaper or towel to line the tub

Clean clothes

Diaper and safety pins for dressing the baby Bath blanket to wrap him in after his bath

Powder or oil

Absorbent cotton

You will also find it handy to have your covered jar of sterile absorbent cotton, and extra safety pins in a covered container. A paper bag for soiled cotton, a hamper or bag for the baby's soiled clothes, and the diaper pail or a piece of newspaper for his soiled diaper should also be within reach.

Bath powder and oil age not essential, but you may want to use one or the other, not both, in the folds of the baby's skin if he tends to chafe. Powder is more refreshing than oil in warm weather. Use plain talcum or any good baby powder, but not zinc stearate, which is irritating to the lungs. Pat the powder on lightly, being careful not to shake powder into the air lest the baby breathe it in. Some mothers prefer to brush powder on with a piece of absorbent cotton. Wipe off extra powder. Always be sure to keep the powder can closed and away from the baby.

If your baby tends to have diaper rash, use mineral oil or baby oil in the diaper area, or a lotion suggested by your doctor. Have a little warmed oil ready in a saucer beforehand.



This mother is giving her baby his bath so safely and cheerfully that he will soon come to enjoy it.

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How to Give the Bath

When everything is ready, undress the baby in your lap or on the table top. With the washcloth moistened in the clean warm water, but without soap, wash and dry the baby's face. If you are nervous at first about washing the baby's body, go all over him with a little soap on the wet washcloth while he is still in your lap, and put him in the tub only to rinse him off. Do not use so much soap that he is slippery. Do this part quickly so that the baby does not become chilly.

To put the baby in the tub, put your left arm behind his head so that your wrist supports his head, and grasp him securely with your left hand. Keep your thumb around the upper part of his farther arm and your fingers under his armpit. Put your right hand under his buttocks. Lower him slowly into the tub and wash him with your right hand. (If you are left-handed, reverse the procedure.) You want him to enjoy his bath and not be frightened, so do everything gently and talk to him quietly and encouragingly as you do it.

Hold the baby's head and shoulders up securely the whole time that he is in the bath. When he is on his stomach, keep your right arm (or your left if you are lefthanded) under his chest and hold his farther arm in the same way with your fingers.

When he is washed, lift him again slowly,



It is important not to get soap in baby's eyes.

S. Shackman/Monkmeyer

with your hand and arm still supporting his head and shoulders and your other hand under his buttocks, and put him on the large towel on your lap or the table. Some mothers find it practical to tie the towel around their waists beforehand, so that it is in place when they sit down with the baby. Pat him dry—do not rub. Use powder or oil in the folds of his skin if you like. Dress him and wrap him in the bath blanket before you take him out of the warm room.

For a sponge bath, get everything ready as for a tub bath, with a basin of clean warm water on or close beside the table. Keep the baby wrapped in the blanket or large towel, and uncover only the part that you are about to wash. Soap, rinse, and dry that part before you go on to the next. If you are washing the baby's scalp, do that first, and have a second basin of clean water for his body. Wash gently all folds in the body and between fingers and toes. Be sure to wash off all the soap.

Washing Baby's Head

Keeping the baby's head clean by washing it several times a week helps to prevent "cradle cap," a crust that sometimes appears on top of a baby's head. If the crust appears, rub in mineral oil or petroleum jelly at night and wash his head in the morning.

To wash the baby's head, rub a little soap on your wet hand or the washcloth and go over his scalp gently but thoroughly. Do not use too much soap and be very careful not to let it get into the baby's eyes. Rinse it off with the washcloth and clean water.

If you are giving him a tub bath, wash the baby's scalp in this way first when you put him into the tub. If a sponge bath, hold him with the back of his head over the basin of clean water to rinse it. Always wash the soap off from front to back of his head to keep water from running down into his eyes or ears.

Do not be over-cautious about the "soft spot" or fontanel on top of the baby's head. It has a covering of tough membrane, and there is very little risk of hurting a baby there.

Soft Spot or Fontanel

The bones of the baby's skull which lap over, to make it possible for him to go through the birth canal harden soon after birth. Two soft spots, called fontanels, remain on his head, a large one on top and a smaller one at the back. These take from nine months to two years to close, but they are covered with a tough membrane and you need not be afraid while washing his head or handling him, or be too worried if he bumps his head.

Of course you will be gentle with your baby. But you will want to give him a feeling of dependability from the beginning. If you and your husband are nervous about handling him at first, you will soon gain confidence and skill.

What a New Baby Can Do

When he is born, an average new baby can do only things that help to keep him

alive. He can suck to take the liquid food he needs. He can sneeze and cough to clear small obstructions from his nose and throat for breathing. And he can cry to let you know that he is hungry or uncomfortable or uneasy, or that something is hurting him.

The new baby can squirm and wriggle, but he cannot control his motions. He can wave his arms and legs but it is quite a while before he discovers that these are parts of his own body.

Though he may seem unbelievably tiny and delicate, a full-term new baby is not really frail. His muscles are not strong enough to hold his head up, but if at first you forget to put your hand under his head when you pick him up, and it drops backward, it probably won't hurt him.

Company for the New Baby

A new baby does not need a lot of company. He can be quite content with the quiet companionship of his parents. If there are other children in the family he can enjoy their company, too, occasionally and for short periods. He gets used to their comings and goings. An older child can hold the baby's bottle of juice or water for him, talk to him or play gently with him while he is awake and often help in other ways too.

Relatives and friends who come to see the new baby should be satisfied with having a peek at him while he is asleep. They can wait to see him briefly when he awakes for his feeding, but it is best to let him take his meal quietly, without other company than his parents.



Good care in infancy makes happy, sturdy babies later on.

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Care of Baby's Eyes, Nose, Mouth, Ears



Nature takes care of keeping the eyes and the insides of the nose, mouth, and ears clean. It is never necessary to put anything into the baby's eyes unless there is an infection and the doctor gives you instructions.

Wash the outside of the baby's ears with the washcloth when you wash his face, but do not try to clean wax out of the inside. The body produces wax in the ears as part of the natural protection of that delicate mechanism.

The inside of the baby's nose has little hairs to catch dust and lint from the air before these go into his lungs. He also is able to sneeze out particles that do get in. So it is never necessary to put anything up the baby's nose to clean it. You can clean dried mucus from around the opening of the nostrils with the washcloth or with a piece of cotton slightly moistened with plain water, holding the cotton securely so that the baby does not breathe it in.

Care of Baby's Navel

While the baby was growing in his mother's body he received his nourishment through the umbilical cord. When he was born, the doctor tied and cut the cord, leaving a small stump.

This stump dries and drops off, usually while the baby is still in the hospital but sometimes not until after he is at home. A small moist spot on the baby's abdomen is left, which takes a few days to heal. This is the navel or "belly-button."

While the navel is healing it needs to be kept clean and dry. A scab forms, which drops off when the navel is completely healed underneath. Fasten the baby's diaper low enough so that it does not touch the navel. If the unhealed navel becomes moist and discharges it should be protected more carefully and cleaned each day with alcohol on a piece of sterile absorbent cotton.

Most doctors advise giving the baby only sponge baths until the navel is healed. As a general rule, bandages or stomach binders are not considered necessary.

If the navel discharges and the skin around it appears red, this means that there is an infection and the doctor should be notified at once.

Sometimes a baby's navel protrudes when he cries. This is because the opening in the muscle wall of the abdomen, through which he originally received his nourish-



Diapering baby the right way.

A. Devaney, Inc.

ment, is not yet closed underneath the skin. Usually this opening grows together by itself, sometimes as soon as a few days after birth, sometimes not until a few months later.

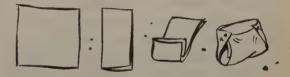
Care of Baby's Genital Organs

When you are bathing a girl baby, separate the outer lips or vulva of the genital organ and wash gently.

With a boy baby who has not been circumcised, gently draw back the foreskin as far as it will go easily, clean the tip of the penis with cotton, and gently pull the foreskin back into place.

To protect the wound caused by incision and to keep the scab from sticking to the diaper, put petroleum jelly or boric acid ointment on a single layer of gauze about the size of a large postage stamp and wrap this around the end of the penis. The ointment will hold the gauze in place.

Diapers and Diapering



Diapering the baby is a practical matter of getting the most thickness where it is needed and the most comfort for the baby. For a boy baby the thickness is usually needed in front, for a girl baby in back, especially if she lies on her back most of the time.

One way to fold the diaper is this: fold the diaper lengthwise in thirds, so that you have an oblong of three thicknesses. Next, fold the bottom third upward so that you have a front or back section of six thicknesses. Now slip this under the baby, with the extra-thick section either for front or back, and bring the rest of the diaper up between the baby's legs. Slipping your fingers between the diaper and the baby, so you, not the baby, gets stuck, pin the corners together with diaper-size safety pins. Be sure to close the pins securely.

The baby generally needs changing when he is picked up for feeding and again when he is put down afterward. He may need changing in between feedings if he wakes and is uncomfortable. A baby uses at least a dozen diapers a day, more if he is awake more. Many babies sleep right on after wetting if they are well covered and do not feel cold.

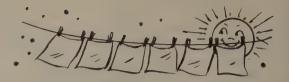
Waterproof pants are helpful as the baby gets older, since they prevent wetting of outer clothes, nightgowns, etc. If, however, they tend to cause irritation or diaper rash they should not be used with tiny babies except for visiting or traveling.

Whether you use waterproof pants at home depends upon how sensitive your baby's skin is. When no waterproof pants are used, urine is absorbed into baby's nightgown and evaporates. Waterproof pants keep diapers wetter and warmer, an ideal condition for diaper rash.

Use waterproof pants as long as baby's skin is clear. When rash develops, stop using them. Waterproof silk or nylon pants stay soft longer than plastic ones. Whichever you choose, wash them daily. Bound edges are less irritating. Pants should also fit the baby loosely so that the air can circulate under them and he is comfortable in them.

Disposable diapers are convenient for traveling. Some mothers for whom the added expense is not important find them excellent for daily use.

Care of the Diapers



If you can have a diaper service, you will find it well worth while, at least for the first months. Most services deliver fresh diapers once a week and remove the soiled ones at the same time. A covered container is provided, with a bag inside. Wet diapers are placed in the bag as they are. When a diaper is soiled, shake and wash off the stool into the toilet before putting it into the bag. The diaper service will advise you how many diapers you are likely to need at first. But it is a good idea to have a dozen diapers of your own on hand for emergency and general use. Diaper services also sterilize their diapers, an added precaution against diaper rash.

If you are washing the baby's diapers at home, you will need between three and four dozen. Bird's-eye, knit, or gauze diapers are all good. When you remove a wet diaper, put it in a covered pail of cold water to soak. When the diaper is soiled, shake and rinse it in the toilet or under running water, and rub soap or a mild detergent on the stains. Put it with the others to soak unless you have a second covered pail of soapy water for soiled diapers.

One way to wash diapers is by boiling them in water with any mild soap, soap powder, or detergent. If there are still stains, rub them out on a wash board or put them through the washing machine. Rinse thoroughly two or three times in soft water and three or four times if your water is hard. Soap or detergent left in the diapers is irritating to a baby's skin. Dry the diapers thoroughly, in the sun if possible.

Boiling usually gets rid of the stains at the same time as it sterilizes the diapers. Sunlight also sterilizes. The bacteria that cause irritation or diaper rash are usually not all removed by ordinary washing. Boiling them or drying them in the sun gets rid of them.

If you have good facilities for washing and drying but not for boiling, launder the diapers in the ordinary way and see how well the baby gets along. Drying in the sun may be easier for you than boiling. Also dry in the sun the baby's other clothes that he has wet, such as his nightgowns, shirts, and waterproof pants, and the sheets, pads, and waterproof sheeting of his bed.

Ask your doctor which antiseptic he prefers for use in the last rinse water when you wash diapers and other baby clothes.

If diapers are becoming hard, unabsorbent and gray, add a water conditioner.

Rashes on Babies

Some babies have more sensitive skin than others, and they may get diaper rash no matter how careful you are with their diapers. Changing diapers promptly is helpful, but you hesitate to change a baby while he is sleeping and it is then that his warm wet skin is most likely to become irritated.

Let a baby with sensitive skin go without waterproof pants as much as possible. Try diaper liners which keep the skin drier. Use a bacteria inhibiting soap and rinse well after sudsing. Sunlight and air on the baby's skin are good for diaper rash. Let the baby lie in a warm enough room without his diaper on, some time during



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"Come and pick me up. I need to be changed."

the day. When exposing the baby to the sun, be careful of sunburn. (Read the section on Sun Baths.)

Baby powder or oil may soothe a mild diaper rash. For a more severe case, a thick coating of some ointment your doctor recommends, or of Lassar's paste or zinc ointment, will be better protection. Put it on each time you change the diaper.

When any rash appears on your baby's skin, consult the doctor. Many babies have various kinds of rashes that are unimportant, but a rash may be a symptom of illness or of a food that does not agree with the baby. Some rashes can be controlled quickly when they first appear, before they cause the baby real discomfort. So there are good reasons for reporting any rash promptly to

the doctor.

Heat rash, or prickly heat, often bothers small babies at the first onset of hot weather. The rash usually comes out first around the neck and shoulders, in small raised red spots or blotches, sometimes with tiny blisters on the pimples. It may spread over the baby's body, and it may be itchy and irritating to him. A baby who is overheated because he is too warmly dressed or covered, or sleeping in a hot room, may develop heat rash at any time of the year.

The best way to deal with heat rash is to keep the baby comfortably cool. You can take his clothes off in hot weather. For the rash, dry the perspiration off gently and, with absorbent cotton, pat on baby powder, baking soda, or corn starch, enough to cover the area lightly but not so much that it will cake in the folds of the skin. If the weather is very hot, sponge the baby a few times a day to cool him off. Perhaps you can move the baby to a cool part of the house during the heat of the day.

A baby who has had irritating bowel movements or diarrhea may have a redness or irritation around the anus and buttocks. Change his diaper as soon as he soils, clean the area with cotton dipped in mineral oil or baby oil, and put on a thick protective coating of Lassar's paste or zinc ointment.



Sun and Air Baths for Baby

Sunshine is good for your baby even if he is getting extra vitamin D. But sunburn can be as bad as any other kind of burn,

and babies need to be protected from it. A baby's skin is tender and burns easily. Babies with thin fair skin especially can take only a very little sun at a time. When you have the baby out for an airing or take him with you on errands, it is best to keep the carriage hood up to shield his face from the sun.

Besides sunshine, it is also good for the baby to lie without clothes for a little while every day in a comfortable temperature. An air bath is wholesome for his skin and he enjoys kicking and waving his arms without the restriction of clothing and covers.

You can begin to give your baby short sun baths when he weighs ten pounds. He is plump enough not to get chilled when you uncover him. In pleasantly warm weather, you can uncover the baby's body for about two minutes the first time. Be sure to turn him over, and see that his eyes are shielded. When letting the sun shine on the baby's face, turn him with the top of his head to the sun so that his eyebrows shade his eyes. If his eyes are bothered by bright light you will have to keep his face from being exposed until later.

If the baby's skin shows no ill effects, increase the sun bath by about two minutes each day, up to half an hour. That is about as much sun as the baby should have.

In winter you may be able to give your baby indoor sun baths in front of an open window. Be sure no wind blows in on him, and close the door of the room so that he is not in a draft. If it is too cool to uncover him completely, perhaps you can bare his legs for a little while.

The sun's rays are more intense in summer than in winter. Also, in summer a baby may get too hot lying in the sun. Do



A playpen in the backyard is a good solution for a busy mother who wants to see her baby getting wholesome amounts of sunshine and fresh air

Children's Bureau Photograph
by Philip Bonn

not give your baby a sun bath at all on very hot days. Keep him as cool as you can. He will be more comfortable lying on a pad and blanket on the ground, where the air can blow around him, than in his carriage or bassinet.

At the beach, or at high altitudes in the mountains, sunlight is very intense and babies and young children must be carefully watched. At the beach the baby should be kept out of the sun altogether for the first few days. There is quite enough reflected sunlight, even in the shade, for his tender skin. When he is old enough to sit up or crawl, a baby should have a hat on in the sun.

Feeding Schedules



Until the twentieth century hardly any mothers fed their babies by a schedule. A baby was fed when he seemed hungry, and this is the way most babies are still fed throughout the world. Feeding schedules came into use when medical scientists were studying the way babies grow and what nutrition they need to grow on. A three-

to eat at fairly regular times.

schedule too seriously. They watched the clock and were afraid to feed the baby before it was time. At the same time they grew tense and worried having to listen to his hungry cry, sometimes for an hour or more. This did not help either the mother's nerves or the baby's welfare.

For some time now, doctors have been encouraging mothers to go back to following their babies' needs rather than the schedule. "Self-demand" or "self-regulating" feeding means letting the baby set up his own schedule according to when he is hungry. Usually in a little while the baby's digestive system settles down to a kind of regularity, and a mother can manage to fit in her tasks and the family's meal-times.

One important argument for self-demand feeding is that it saves babies from the devastating feeling they are not being looked after. They go to pieces when they become too hungry and don't see, don't hear, don't feel, just scream.

If it is more convenient to feed the baby later or earlier to allow you and the rest of the family to eat an undisturbed supper together, you can work the baby around to this by adjusting him through the day, a little at a time. Most babies show fairly soon which feedings they can wait for a

hour or four-hour schedule was one way of If you will relax and give your baby a making sure that a baby was getting enough chance to cooperate, you and he together can generally work out a schedule that is But many mothers came to take the regular enough for you and the family, and comfortable enough for him.

Nursing Your Baby

A mother's milk does not come into the breasts until around the fourth day after the baby is born, but the baby is put to the breast every four hours from about twelve hours after birth, both to get practice in sucking and because his sucking helps the milk to come. He gets from the breast a thick yellowish fluid called colostrum, which is nourishing. He is also given boiled water from a bottle.

A baby is born knowing how to suck, and when he feels his cheek against you he turns his head from side to side to find the nipple. You help him by holding the breast so that he can get the nipple into his mouth, and then keep your hand on the breast so that it does not press against his nose and prevent him from breathing comfortably.

At first his sucking may make the nipples tender, but this tenderness soon disappears. The first few times he may suck only a short while, and then doze off. It is best not to try to keep him awake, but let him rest and then try again. He will not get very much, but his stomach is too small at first to hold more than an ounce or two.

Gradually the baby can nurse for longer little more patiently than others. In time periods. The average nursing time after the the baby himself begins to postpone his fourth or fifth day is twenty minutes, but evening feeding from about 10 P.M. to 11 some babies nurse faster and are satisfied or midnight, and to sleep longer between sooner, while others suck more slowly. A that feeding and the night feeding until he nursing mother needs the baby's strong is able to go without that feeding altogether. persistent sucking and emptying of her breasts to bring in the supply of milk and to keep it up. For this reason it is better not to give the baby a formula during the first few days, unless the doctor advises it on the grounds of the baby's or mother's health. Later, a bottle of formula in addition to or instead of a breast feeding may be advised if the supply of breast milk is still insufficient after a good trial, or if illness prevents the mother from nursing, or if the mother would like to be away through one feeding.

You will find it well worth while to give breast feeding a real chance to get started. When mother and baby are both in normal good health, the doctor is likely to be guided by the mother's own feeling toward nursing. If she wants very much to nurse her baby, even for just a short period, he will help her by suggesting more frequent feedings and other ways in which the breasts can be stimulated to produce more milk.

Sore or cracked nipples, or retracted nipples—that is, nipples that do not protrude enough for the baby to grasp them with his lips—may be discouraging at first. The doctor can generally help with suggestions. A breast shield made of glass, with a rubber nipple, may help. It is harder for the baby to get milk through the shield, but in many instances a hungry baby can draw out a retracted nipple by vigorous sucking at the shield. When nipples are very tender or cracked, the protection of a shield for a few feedings gives them a chance to heal. In the case of a retracted nipple, you may be able to flatten the front part of the breast between your thumb and fingers so that the baby can get the whole dark-skinned part into his mouth, and thus draw out the nipple by his sucking. If you manage to press out a little milk at the same time and give him a foretaste of what is there for him, he will probably be encouraged to make a good try.

Sometimes the baby himself is not cooperative. Some of the tricks that are supposed to get him to nurse only anger him. Holding his head in order to direct him toward the nipple may make him fight to get free instead of attending to the business of nursing. Pressing his cheeks to get his mouth open interferes with his inborn instinct. which tells him to turn toward the side where he feels a touch on his cheek, looking for the nipple. If he feels something pressing on both cheeks at once he is bound to be confused. If your baby seems to have a mind of his own about nursing, this need not discourage you. Be patient and help him find out that pleasure and contentment are there to reward his efforts.

Let the baby nurse at one breast until it is empty. If he still wants more, give him the other. At the next feeding, begin with the breast that was not emptied at the feeding before.

Think of your nursing time with your baby as a time to rest, relax, and get acquainted. Your relaxation helps both your supply of milk and the baby's ability to get it. Sit in a low chair or put your feet on a footstool in front of a chair of ordinary height. And choose a chair with good support for your back and arms.

Nurse your baby in a quiet peaceful spot out of the way of family comings and goings. With experience you will be able to tell whether company at feeding time, aside from your husband or an admiring grandWhen nursing is going well and you and herself and her baby doing well. the baby are used to each other, calm concloseness with your baby.

Burping the Baby



he has eaten. After every feeding, and once or twice during the feeding if he stops or of yourself you are taking care of your baby. dawdles, burp him by holding him up nursing, hold him up to burp anyway. over the nipples inside your brassiere. Getting the air bubble up may wake him up enough to want a little more to eat.

Care of the Nursing Mother

parent, is distracting to you or the baby. a nursing mother usually needs to keep

Your pregnancy diet, well balanced with versation during a feeding is not necessar- the necessary minerals and vitamins, nourily disturbing. Above all, give yourself a ishing lean meat or fish, eggs, fruits and chance to enjoy this warm little time of vegetables both raw and cooked, whole grain or enriched cereals and breads, and the daily quart of milk plus plenty of other fluids, are also good for your nursing period. Check your diet with your doctor or the visiting nurse. Extra vitamin D is usually advised, especially if you are nursing during the winter season. Extra fluids help your milk supply. Whether to drink coffee. While sucking, the baby usually swal- tea, and other stimulants is a question to be lows a certain amount of air. This can discussed with your doctor. In moderation make him feel full so that he may stop they are generally not considered harmful. nursing before he has really had enough, Rest is something the mother of a young and it can make him uncomfortable after baby needs a great deal of, whether or not she is nursing. It follows that by taking care

Generally the breasts need no extra care against your shoulder and patting his back during nursing except good comfortable gently to get the air bubble up. Put a clean nursing brassieres that support and do not diaper or cloth over your shoulder because bind. Wash the nipples with mild soap and a little milk may come up with the bubble. warm water, dry them gently, apply cocoa If you think he may not have had enough butter or a little cold cream especially if to eat, put him back at the breast again the nipples tend to soreness or cracking, after he has burped. If he falls asleep while and keep a small piece of soft clean cloth

Wash your hands with soap before touching the nipples. Before putting the baby to the breast, and again when he has finished, wipe the nipples with a bit of sterile cotton dipped in boiled water. If the baby does Caring for yourself during the nursing not let go himself when he has finished, period is not very different from the care don't hurt the nipple by pulling him off. you gave yourself while you were pregnant. Instead, press down the breast near the cor-A good diet, enough rest and exercise, ner of his mouth to let air through and rereasonable precautions against infectious lease the suction. Then you can gently illness, and general peace of mind are what draw the nipple from his mouth. Some babies seem to like to chew on the nipple. This can lead to soreness, and although you want to let the baby get his fill of sucking as far as you can, you need not let him chew.



Occasionally the supply of milk seems to become less for a day or two. A change can cause this, such as moving, or going on a journey. For the young baby, whether breast-fed or bottle-fed, it is best to make as few such changes as possible. You may notice that your milk diminishes during your first day or two home from the hospital, but the supply will pick up again when you are comfortable and relaxed again.

Putting little worries out of your mind until you can do something about them is a good habit to cultivate generally and particularly when nursing. If you should become nervously upset in spite of all efforts to keep life serene, you may find the baby getting fretful too. Whether this is because of the milk or his mother's tenseness, you can see that the best solution all around is in getting calm and relaxed again as soon as you can.

If You Cannot Nurse Temporarily

During an illness when you cannot nurse, the doctor will show you how to empty the breasts with a breast-pump to keep you comfortable and able to resume nursing when you recover. He will decide whether the baby is to have your milk or be fed a formula meanwhile.

Many women do not menstruate at all while nursing. With those who do, the baby

generally nurses without trouble. Very occasionally a baby refuses his mother's milk while she is menstruating. In that case the mother empties her breasts with a breast-pump and the baby is fed on a formula until her period is over. Any sore spot or other unusual appearance in the breast should be reported to your doctor. With a doctor's care, a breast infection or abscess can usually be treated without interrupting nursing.

Sometimes a breast becomes too full, and it may become hard or caked. The nipple may become retracted so that the baby cannot get hold of it. Caked breasts usually soften by themselves if the milk is drawn off. With your doctor's supervision you can probably relieve the breast with a breast-pump and not stop nursing.

If you think your baby is not getting enough to eat from you, consult your doctor. If you really do not have enough milk, you can continue nursing anyway, supplementing your own milk with bottles.

A mother who has to go back to an outside job does not necessarily have to stop nursing. If her job is not too tiring, and her hours are not too long, one supplementary bottle may keep the baby going while she is away during the day. Your doctor can help you work out a schedule. A supplementary bottle is something to keep in mind anyway for an occasional day or evening out.

When the Baby is Fed by Bottle

The instructions for feeding a baby by bottle are all intended to make his food and the way he is fed as much like breast-feeding as possible. A formula is a combination of milk, usually cow's milk in some form, with water and some form of sugar,

in the right proportions to make it resemble mother's milk. The formula is boiled, the bottles and nipples are carefully washed and sterilized, and the filled bottles are kept in the refrigerator until needed, all in order to keep the baby's bottled food as free from outside germs as breast milk is.

Before a bottle is given to the baby it is warmed in a pan of hot water so as to bring the formula to the lukewarm temperature of milk from the breast. You test this by shaking a few drops from the bottle on the inside of your wrist, being careful always not to touch the nipple which has been sterilized.

In giving the baby his bottle, hold him as you would for a breast-feeding. Sit, comfortable and relaxed, with the same peacefulness and freedom from interruption as you would try to have while nursing. Hold the bottle tipped enough to keep the inside of the nipple filled with milk and prevent the baby from sucking in air. It is also a good idea to keep the jar of clean sterilized nipples within reach so that if the baby has trouble with the nipple on the bottle, you can change it without disturbing him too much.

When you are ready to give the baby his bottle, make sure the nipple is fitted securely on the bottle, and test the holes in the nipple by holding the bottle upside down over the palm of your hand. The holes are about right for most babies if the milk comes out in a fine spray first and then in slow drops. The holes in a new nipple may be too small for a young baby, making him work too hard to get his milk. If you discover this during a feeding, change the nipple, and later enlarge the holes with the eye end of

a needle, which you have held in a match flame for a few minutes to sterilize it. An older and stronger baby does not need holes as large as those for a young baby.

Sometimes while the baby is sucking, the nipple becomes pressed flat in the baby's mouth and he cannot make it work. Gently draw the nipple part way out of his mouth to relieve the suction. If the nipple is too old it may be too soft to hold its shape and you will have to put on a fresh nipple.

Burp the baby after his feeding. (See Burping the Baby, p. 90.) Some babies also need to be burped once or twice during a feeding. If your baby stops nursing before you think he has had enough, burp him and offer him the bottle again.

By following instructions for making the formula and giving the bottle, and by making his meal-time a time of closeness and enjoyment for both of you, you help your baby to thrive and grow on his bottle-feeding.

When the baby is used to drinking from his bottle and does it well, you may think you are wasting time over this. There are so many things you could be doing while he is eating! Why shouldn't you prop the bottle up beside him in his crib or carriage and let him take it by himself?

The first reason why you should not do this is that the baby needs your love and companionship as much as he needs his food, and you give him these especially at mealtime, when he needs them most, by holding him in your arms.

There are also other reasons, as many experienced mothers know. For one thing, you need this time to rest and relax. For another, your baby's meal-time gives you your best opportunity to get acquainted with him, and the better you know your baby the better you will be able to manage the many steps in his growth during the crowded months to come.

Leaving the baby with his bottle now can also make some difficulties later. A baby who is left to fall asleep with his bottle often becomes dependent on the bottle and finds it hard to go to sleep without it. This can add to his and your troubles when it comes time to wean him from the bottle.

When he is big enough to sit up and hold his bottle, and if he seems to like doing it, there is no harm in letting him finish his meal this way now and then.

Milk for the Formula



Milk for babies should come from healthy well-fed cows so that it has all the necessary food values. It should be milk that is handled in a sanitary way and kept refrigerated. If it has not been pasteurized, it must certainly be boiled. If you use milk from your own or a neighbor's cows, it is important to remember that milk from some breeds of cows, such as Jerseys or Guernseys, is too rich for young babies and needs to be partly skimmed.

Evaporated milk is used most often today for formulas. It is canned milk from which a little more than half the water has been removed. Don't confuse with condensed milk which is heavily sweetened and not suitable for infants. Using evaporated milk has several advantages. It is thoroughly sterilized, is usually cheaper than fresh milk and can be kept indefinitely in an unopened can without refrigeration. If you must travel, it is especially useful because it is the same wherever you buy it. It is a little easier to digest than fresh milk and less apt to cause allergies. It should be diluted with water. (See formulas that follow.)

In its unopened can, evaporated milk keeps for months without refrigeration. Once it is opened, you can keep what is left in the can, in the refrigerator and well covered, up to two days. If it has been opened and in the refrigerator more than two days or out of the refrigerator for as long as a day, do not use it for the baby.

Wash the top of the can with soap and water or pour boiling water over it before you open it.

Pasteurized milk is safer for babies and children than raw milk. It is milk that has been heated in a special process to kill harmful germs. Whether milk is raw or pasteurized, it has to be boiled to make it more digestible for young babies. This is taken care of in making the formula.

Raw milk is milk as it comes from the cow, unpasteurized. It must be boiled for five minutes, not only for babies but for children of all ages. The simplest method is to heat it in an open saucepan, stirring constantly. Heat it to 165 degrees, measured by a dependable cooking thermometer. Remove from the heat, place the saucepan in cold water, and stir until cool. Fast cooling is important.

Homogenized milk is milk in which the tiny drops of butterfat have been broken up by a special process into still tinier particles. This makes it easier for young babies to digest than ordinary milk. In homogenized milk the cream does not rise to the top but remains evenly spread through the milk. Homogenized milk is always pasteurized too. A bottle of whole milk (not homogenized) needs to be shaken before it is used, to mix the cream well throughout.

Bottled skim milk, milk from which all or most of the cream has been skimmed off, is not rich enough for a baby and should be used only when ordered by the doctor.

Skim milk. Half-skim milk from which half the cream has been removed is preferred by some doctors for feeding premature babies until they weigh about five pounds because it is more easily digested. Skim milk is sometimes prescribed for diarrhea.

Prepared formulas are ready-to-use in disposable bottles or cans. Many are made to achieve a composition similar to human milk. They come in both liquid and dry forms, and most of these products include all the vitamins required by the baby. The advantages of these formulas (also called proprietary formulas) are the convenience in preparation, and the carefully controlled quality and sterility. They are, however, rather expensive.

Goat's milk is sometimes given to babies who are allergic to cow's milk, either whole or evaporated. Goat's milk has similar nutritional value and is available either whole or evaporated. Should your doctor recommend it, ask him or the local board of

health where you can purchase it in your community.

Powdered whole milk can be used for the baby. Mixed with boiled water according to directions on the label, it takes the place of fresh milk in the baby's formula. Sugar is mixed with the boiled water, and when this mixture has cooled to body heat, powdered milk is beaten in with a sterilized fork or egg-beater.

Once a can of powdered milk is opened and moisture gets in, it spoils quickly. Keep the can tightly covered in the refrigerator, and use a sterile dry spoon to remove powder from the can. We have been discussing powdered whole milk. There are other varieties of powdered milk in which the proportions of ingredients have been changed. The latter should be used only under a physician's supervision.

Certified milk is fresh milk handled with special care so that it is guaranteed to be clean and germ free. It is quite expensive and not necessary unless the doctor prescribes it.

Modified evaporated and powdered milks with special brand names have already been modified to make them closer to breast milk in composition. Many doctors prescribe them routinely. Do not use unless your doctor recommends them.

More Important Facts About Milk

Milk that has been frozen should not be used for the baby if you can avoid it because

it spoils easily. If frozen milk is the only kind you have, boil it for five minutes before using it.

Milk must be kept strictly clean and under refrigeration until it is used, whether it is raw, pasteurized, boiled, or already mixed in a formula.

Sometimes you cannot keep the baby's bottle cold until feeding time, as when you are on a trip or the refrigerator is not working. In such a situation it will be reasonably safe if you put the bottle in a pan of hot water, bring it to a boil, boil for ten minutes, and then cool it to body temperature before you give it to the baby.

Milk loses some of its vitamins, especially vitamin B2 or riboflavin, when it is exposed to light. For this reason as well as to avoid spoiling, do not leave bottles of milk standing in the sun.

Doctors have discovered that many babies don't care whether their milk is warm or cold, and that cold milk does them no harm. If your baby doesn't mind, you may find it more convenient to serve him his milk cold. However, whichever you choose, be consistent.

A Sample Formula

The baby's formula should, if possible, be prescribed by a physician who understands the baby's digestive capacity. If you can take your baby to your own pediatrician or to a clinic or baby-health station, you will be given a formula tailor-made to your own baby-based on his age, weight, rate of gain, and digestion. The following formulas can be used for the average healthy baby in an emergency when it is impossible to reach a physician.

Moderately dilute formula for newborn

baby or baby with a small appetite:

evaporated milk-10 ounces -20 ounces

water

-2 level tablespoons corn syrup

This will make 30 ounces of formula. more than the average infant will need in 24 hours.

Full-strength formula for slightly older babies who are not satisfied with the dilute formula:

evaporated milk -13 ounces -19 ounces

-3 level tablespoons corn syrup

This will make one quart of formula, which can be divided into 6 bottles of 51/4 ounces, 5 bottles of 61/2 ounces, or 4 bottles of 8 ounces.

As the baby grows older, you can gradually cut down the number of feedings and also increase the amount of formula given at each feeding. Consult your doctor in making these adjustments.

Kinds of Sugar for the Formula

Your doctor will tell you what kind of sugar he wants you to use in the baby's formula. Ordinary granulated sugar or corn syrup are the ones commonly used, and they agree with most babies.

Brown sugar, which is ordinary cane sugar only partly refined, is helpful when the baby's bowel movements are too hard and dry. It has the same food value as granulated white sugar and is used in the same quantities.

Corn syrup is partly sugar and partly dextrin, a kind of sugar that makes less gas than ordinary sugar in the baby's digestive system. For this reason some doctors prefer

to have it used. The light corn syrup is ordinarily used unless there is a tendency to constipation. The dark is slightly more laxative. Syrup quickly forms a mold on top unless it is kept covered in the refrigerator.

Some special sugars for babies are dextrin, maltose, and lactose. They are more expensive and need not be used unless your doctor advises them. He will tell you how much to use.

Drinking Water for the Baby

No matter where your water comes from and how pure it is, boil the baby's drinking water for at least three minutes and keep it in sterilized bottles with sterilized bottle caps or nipples and nipple covers. Sterilize these when you make the formula.

The baby gets most of the fluid he needs from his milk, but you should have two 4ounce bottles of drinking water ready, and offer him a drink between feedings. He cannot tell you when he is thirsty, so offer him water at times when he wakes from a he is wakeful and fussy. Babies need more water in hot weather, and in heated houses where the air is often dry. If he refuses, he is not thirsty.

Equipment for Bottle Feeding

For bottle feeding you will need the following:

9 to 12 eight-ounce nursing bottles. You will use 6 or 8 bottles a day, and should have a few more in case of breakage. Bottles of heat-resistant glass or boilable plastic are more expensive but last longer. Standard nursing bottles are marked with lines for ounces to help you pour in the right amount of formula. Look for bottles in which the neck as well as the bottom slopes to the sides, so there are no corners hard to clean with a bottle brush.

- 2 to 4 four-ounce bottles, for boiled drinking water and for orange juice.
- 9 to 12 medium-size rubber nipples. You will find from experience whether one size or shape is better than another for your baby.

9 glass nipple-covers or bottle-caps.

Some mothers find it easier to put the nipples on the filled bottles at once and store them with nipple-covers to protect the nipples. Others prefer to cap the bottles with rubber caps, or with disposable paper caps, and leave the nipples in the nipple jar in which they have been sterilized until needed. Nipple-covers and bottle-caps are to be sterilized each time. Paper bottle-caps are used once and thrown away.

nap and it is not near feeding time, or when A special type of bottle has a large screwon cap of plastic, and a specially shaped nipple. In these the nipple is stored upside down in the bottle-neck and the cap screwed on over it for storage. Many mothers find these the most convenient.

> 1 small funnel for pouring formula into the bottles.

1 small fine strainer.

2 measuring spoons, one tablespoon size and one teaspoon size.

1 long-handled mixing spoon.

1 bottle brush, long-handled, bent at the tip so bristles will reach bottom and sides of bottle.



Here is the equipment you need for making the baby's milk formula.

Elizabeth Wilcox

This may do for scrubbing inside of nipples, too. Otherwise get a small nipple brush.

1 wide-mouthed jar with perforated cover, jelly-glass size, for nipples.

1 pair of tongs to lift articles out of sterilizer.

1 enamel quart measure, marked by ounces inside, or a saucepan or double boiler.
1 measuring cup marked by ounces.

1 sterilizing pail with cover, and sterilizing rack.

If you are going to bottle feed for a long time, a regular pail made for this purpose is a good investment.

Otherwise use your pressure cooker, or any pot that is large enough, and a wire rack or pie tin to hold eight bottles. All the equipment listed here has to be sterilized except the quart measure and the bottle brush. If one pot will not hold everything and you do not want to buy a special pail, you can use separate saucepans.

It is best to keep all the equipment together on one shelf or part of a shelf, separate from the regular equipment, and to use it only for the baby's food. In this way you can be sure of having everything at hand and in good order when you need it.

The Formula— When and How to Make It

You may make the baby's formula and pour it into nursing bottles, all in one operation. The most convenient time to do this is up to you. Some mothers, and most fathers who take over the formula job, like to do it at night after the supper dishes are

out of the way. Many mothers prefer to get it done in the morning, before the baby's bath or after the bath and 10 A.M. feeding. The job seems long at first, but you will quickly develop skill and find you can do it in half the time it took you at the beginning.

There are two methods, both accepted. Choose the one that works best for you.

In the first or Terminal Sterilization Method, you mix the formula uncooked, pour it into the clean but unsterilized bottles, cap the bottles, and sterilize the filled bottles. Use homogenized or evaporated milk, and do not use plastic bottles.

In the Simplified Aseptic Method you sterilize the bottles and all equipment, mix and boil the formula separately, then fill and cap the bottles for storage in the refrigerator.

Method 1 seems more efficient, but some times there is not only trouble with nipple clogging, milk boiled in the bottle tends to stick and the bottles are sometimes harder to wash. With the second method you can sterilize beforehand and allow the articles to cool for easier handling.

The Terminal Sterilization Method

Mixing the formula:

- 1. Run the required amount of hot or cold water into the quart measure.
- 2. Add required amount of sugar or other recommended sweetener.
- 3. Add required amount of milk or evaporated milk.
- 4. Stir with mixing spoon, and then pour the proper amount of formula into each of the bottles.
- 5. Cap bottles. If you are using the kind of nipples which are held in place with a

plastic cap, invert the nipple in the bottle and cover with a disc, then screw the cap on. Leave the cap only loosely screwed on so that there will be a space for hot air to escape as the bottles heat up and to re-enter as the bottles cool again.

- 6. Place the bottles in the wire rack in the sterilizing pail, with one or two inches of water at the bottom.
- 7. Place pail on stove and heat. The water should be allowed to boil for fifteen minutes. It has been discovered that there will be less scum to clog the nipples if the formula is allowed to cool slowly without being shaken, so leave the pail on the stove with the heat off, after it has boiled for fifteen minutes.
- 8. When cool, screw caps down tightly and place bottles in the refrigerator to be used as needed.

The Simplified Aseptic Method

- 1. Place bottles upright on a rack in the sterilizing pail. Place pail together with funnel and strainer in about one inch of water.
- 2. Boil vigorously for five minutes. While the water is cooling you can be mixing and boiling the formula (see below).
- 3. When the pail is cool enough to handle, remove it to the table where you are preparing the formula.
- 4. Remove strainer and funnel and place them in the inverted pail cover, which you have sterilized.
- 5. Lift out the rack of bottles.

Making the formula:

1. Into the quart measure run the amount of hot or cold water called for in your for-

mula, plus two extra ounces for evaporation. Add the amount of sugar called for, and stir until dissolved.

- 2. Add the amount of milk required for the formula.
- 3. Place filled quart measure over a flame and bring to a boil, stirring constantly to prevent it from burning or boiling over.
- 4. Pour the required amount into each bottle, using the funnel and strainer, all of which you have sterilized.
- 5. Cap the bottles without touching the rim or inside of the caps, and be careful to handle the nipples only by the rims.

To make the bottles and nipples easier to wash in either method, when you have put the baby down after his feeding, rinse the bottle and let it stand filled with cold water, rinse the nipples and squeeze cold water through the holes.

Weaning

The ideal time to wean a baby from the breast is when the baby is ready. This time is different with each baby. In general, a baby may show that he needs less sucking somewhere between his sixth and tenth months. Babies who nurse long after their first birthday are likely to find it harder to change than during the latter months of their first year. It is therefore best to begin weaning between eight and ten months.

A poor time to begin weaning is when the baby is ill, when he is teething, during hot weather, or when any other important change is going on such as moving to a new home. A doctor's supervision is helpful during weaning. If sudden weaning from the breast is made necessary by an emergency, you will need the doctor's advice both for the proper formula and to make the weaning as easy as possible for both baby and mother.

If you can nurse up to eight months, you can probably wean the baby directly to a cup, leaving out bottle feeding altogether. Breast-fed babies are likely to be more willing to take a cup than bottle-fed babies. From four or five months on, you can offer the baby his orange juice from a cup, beginning with a sip or two and giving him more when he is willing. Give him a bright unbreakable cup of his own to play with. A baby who sees his mother and father drinking from cups at meal-times often likes to try imitating them. Many mothers have found that a small cup over which the baby can see while he is drinking is more agreeable to him than a large cup that covers his whole face.



Weaning to a Cup

Somewhere between eight and ten months, if the baby is drinking well from the cup and if he seems less eager for the breast or bottle and is nursing shorter periods, he is probably ready for gradual weaning. He is by this time getting only three breast-feedings or bottle-feedings a day, at meal-times. He is old enough, too, to take whole milk. Consult your doctor about whether his milk should be boiled. Raw milk should always be boiled for babies and young children, but your doctor may

think your baby is ready to take pasteurized milk unboiled. Milk that has been kept properly refrigerated and is poured from the bottle into a clean cup is reasonably safe from germs. You may want to warm the milk a little since the baby is probably not accustomed to cold foods. If so, do not let it stand but warm and serve it.

Begin giving the baby a few sips of milk from his cup at all meals. Continue with breast or bottle at the end of the meal. Increase the amount of milk in his cup gradually as he seems willing to take it.

Next, omit one breast or bottle feeding a day, choosing the meal when he generally seems least interested in it. This might be at breakfast or lunch. When he is doing well with this, say in four or five days, omit the breast or bottle feeding at a second meal.

In about four or five days more, omit the breast or bottle feeding at the third meal. If you think your baby needs more time, let two weeks or so go by between each of these steps.

If the baby is taking as much as four ounces of milk from his cup and is eating his other foods, there is no need to worry that he is not getting enough. He will take more milk gradually as he becomes used to it. He may take a little milk in a cup at his between-meal snacks.

Some babies do not get their fill of sucking as early as others. If your baby tends to suck long, or if he sucks his thumb or a blanket or toy, he may not be ready to be completely weaned to a cup.

Weaning from Breast to Bottle

It is not easy for a baby to drink from a

cup before he is six months old. If a breastfed baby has been getting a relief bottle, he is already accustomed to taking some formula, and the change is made easier for him than if he has had only water and orange juice out of a bottle. For this reason some doctors recommend a relief bottle even if it is not needed to supplement the mother's supply of milk or to give her time off.

If you know in advance that you will want to wean your baby from the breast before seven or eight months, a relief bottle for one feeding is a good preparation. Begin using the relief bottle any time after your supply of breast milk is coming in well. Your doctor will give you a formula for a single bottle. (See the instructions for sterilizing and formula-making, earlier in this section. p. 97).

Follow the baby's pace in weaning him to the bottle. Begin by giving him a bottle each day at one feeding at which he gets other foods, probably at 10 A.M. or 6 P. M. After four or five days, replace another breast-feeding with a bottle. After another period of about four or five days, give a bottle at the 2 P.M. feeding. You may wait three or four days before replacing each of the last two feedings with a bottle.

If the breasts become uncomfortable during weaning, you may let the baby nurse briefly, even between scheduled feedings, or pump out just enough milk to relieve the pressure. It may help if you cut down somewhat on the fluids you drink.

The doctor will give you a formula that will be right for the baby's age and weight.

Weaning from the Bottle

Some babies become indifferent to their bottles at eight, ten or twelve months and like to take milk from a cup. Others become more attached to their bottles at six, eight and ten months. These are the babies who are allowed to take their bottles to bed. Their bottles become their security blankets. Whereas the child who is still taking his bottle in his mother's lap at five, six or seven months develops no such attachment because his real mother is right there. To keep your baby from developing a lasting dependence on the bottle, don't give him one to take to bed at night, wean him gradually to a cup instead.

Is the Baby Getting Enough to Eat?

A well-fed infant usually shows his contentment. If he seems generally comfortable and sleepy after his meal, does not wake and cry much too soon before feedings, and is gaining steadily, he is probably getting enough to eat even though he may not be nursing long at the breast or finishing his bottle.

A baby will let you know in various ways if he is not getting enough to eat. A breast-fed baby is likely to wake earlier and earlier before his nursing time. You will probably be able to identify his crying as a "hungry cry," if hunger is his reason for it.

If your baby is giving you these signals, nurse him earlier, and give him both breasts at a feeding, letting him empty the first one before you offer the other. You may find you are giving an extra feeding during the twenty-four hours for a while, but this does no harm and may stimulate your milk supply. If your supply is still insufficient for him, ask your doctor about a supplementary bottle.

A bottle-fed baby may show he is hungry by finishing all his bottles, chewing on his hands, perhaps crying at the end of his feeding. He may also become constipated.

These are signals that he is ready either for more of the same formula or for a more concentrated formula, that is, a formula with less water in proportion to the milk. In this case your doctor will give you a new formula. With the new formula, the baby may not finish his bottles as he has been doing. Be glad he is getting as much as he wants, and don't urge him to take more.

Gaining Weight



Some babies who seem content with what they are getting from their bottles still gain weight quite slowly. Such a baby may be a slow gainer by nature. But sometimes a baby who is gaining slowly is willing to take more formula if it is offered to him, and then he begins to gain more rapidly. Sometimes, too, a lack of iron or certain vitamins may cause a baby to have a poor appetite and to gain weight more slowly



Baby's head is being properly supported as he is weighed.

Philip Gendreau

than he otherwise could.

Your doctor can tell, when he is seeing the baby regularly, whether a little extra help of this kind is needed.

There is no rule about how many ounces a baby should gain each week. It is more important for a baby to gain weight steadily and to show in other ways that he is progressing satisfactorily, than to show just so much of an increase in weight on the scale.

Breast-fed babies often do not begin gaining as soon or get as fat as bottle-fed babies, but this does not mean they are less healthy. Every baby has his own rate of growing. Most babies refuse to take more nourishment than they need or cry for more if they are not getting enough.

Whether your baby is a fast, slow, or average gainer, there are many signs by which your doctor can tell whether he is doing well or needs some help with his appetite and digestion. Worrying about your baby's weight is bad for your baby and for you.

The average weight for a baby at birth is a little more than seven pounds. At five months the average weight is about double that amount. This is why you may have heard that a baby should double his weight by five months. But with any individual baby it may not work out that way at all. A baby who is born small may grow faster and double his birth weight sooner, while a big baby may not double his birth weight until later.

Each baby also changes his rate of gaining according to his own body's growth tendencies. The average gain for babies is between seven and eight ounces a week for about the first three months. This means that some babies gain less and some more, and the gains that a greater number of babies make are averaged together to give us a general guide to weight-gaining in babies.

By six months the average gain for babies is four ounces a week or one pound a month. Toward the end of the first year the average gain is between two and three-ounces a week. This means that babies slow down in their weight-gaining considerably during their first year, but just how much a baby will slow down, and at what age, is an individual matter.

A healthy baby may seem to show a sudden drop in his weight-gaining one week. Next week he may show a larger gain than usual. Or he may be slowing down in his weight-gaining simply because he is getting older.

When a baby shows in other ways that he is getting along all right and is comfortable and happy, weighing him once a week during the first two or three months is enough to keep track of this particular part of the baby's progress. Weighing the baby every day tells you nothing important and may make you concentrate too much on the insignificant ups and downs of his weight. If your baby is gaining slowly, the doctor is the one to decide whether there is any good reason for it. If he is seeing the baby only once a month, keep a record of the baby's weekly weight. For a baby who cries a great deal or shows otherwise that he is unhappy, the weight record may help the doctor to tell what the trouble is.

Protecting the Baby from Germs

A baby is born with some resistance to

ordinary infections. When a cold goes through the family the baby is likely to have the mildest case of it. It is wise, however, to keep him away from people with fresh colds and not to take him visiting where there is illness. If you feel like kissing your baby go ahead, but kiss him on the forehead or anywhere except the mouth.

Milk for babies should be boiled both to make it more digestible and to kill germs, because germs grow very fast in milk. The baby's drinking water and his bottles and nipples should also be boiled to kill harmful germs. By the time a baby is drinking his milk from a cup the milk need not be boiled if it is pasteurized, except in special circumstances. When to stop sterilizing bottles and boiling the milk and water is up to your doctor, who knows the baby and knows the local conditions.

Vaccinations and Inoculations

Babies are not born with a resistance to certain serious diseases but can be protected from them by vaccination and inoculations. These are generally given during the first year, in some parts of the country during the baby's first months. Your doctor will tell you when he wants to give them to your baby. (See p.394 for detailed information.)

The Baby's Digestion

Little babies often spit up some of their milk, and sometimes a baby vomits quite a large quantity of it. A little spitting up usually does not mean anything. If the milk the baby spits up is sour or curdled, it means only that it has been in the stomach for a while and has been acted on by the digestive process. If a baby vomits fre-

quently or regularly, the doctor should be consulted.

Some illnesses begin with vomiting; so if the baby throws up a large quantity of milk, it is a good idea to take his temperature. If he is normal and seems otherwise comfortable, he may be having only a momentary upset. It is just as well not to try to replace the milk he has lost by feeding him again right away. Let his stomach settle down. When he is hungry he will let you know. If he has a temperature, or if he vomits again or seems sick in other ways, of course you should call the doctor.

When a Baby Has Colic

A baby who cries hard after a feeding and pulls up his legs is usually suffering from a stomach-ache, or colic. He may also pass gas. Or, even if he does not squirm with apparent pain, he may cry miserably after his feeding.

Colic is the name given to intestinal cramps which some babies seem to suffer during their first three or four months. Sometimes a baby will have an attack of these cramps only after certain feedings, or at certain times of day.

If your baby has colic, there are a few things you can do to make him more comfortable. Holding him up against your shoulder and patting his back may help him to get rid of some of the gas that causes him pain. You might try laying him on his stomach with a baby-sized hot water bag

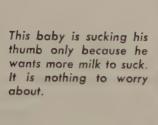


under him. Wrap the hot water bag well in a diaper or towel so that it is not too hot against him. A sip of warm boiled water from a bottle may comfort him if he will take it.

Thumb-Sucking

A baby's life depends on his being able to get his food, and so he is born with a strong instinct to suck. Many babies get enough food at their feedings before they have had enough sucking to satisfy this instinct, and so they begin to suck their thumbs. This may happen with a breastfed or a bottle-fed baby, although it is a general experience among doctors that a breast-fed baby is less likely to suck his thumb because he is usually allowed to suck at the breast as long as he likes. With a bottle-fed baby, when the bottle is empty the baby stops sucking or his mother takes the bottle away because if he sucks at an empty bottle he swallows too much air.

Most babies suck their thumbs, fists, or fingers to some extent during their early months and often later, and most parents understand that this is normal and nothing to worry about. Thumb-sucking is no longer treated as a "bad habit" that must be stopped, but as a sign that the baby needs something he is not getting enough of. In the first few months, the baby who sucks his fist or thumb is simply showing that he needs more sucking. Trying to restrain him by force or by devices like elbow splints, special mittens, or bad-tasting medicine on his thumb does not work because his instinct to suck is powerful and as soon as the restraint is removed he will get his





Dr. Milton Gottdank

hand to his mouth again. The most effective way to help him get over sucking his thumb is to give him plenty of opportunity to satisfy his need to suck at feedings.

Sometimes a young baby will suck his thumb or fist before a feeding, and this may mean only that he is hungry. He may need more of his formula or more frequent feedings.

In general, babies who suck at the breast or bottle for twenty minutes or so at feeding get enough sucking and are not likely to suck their thumbs or fists excessively. Some babies, however, have a stronger sucking instinct than others, just as some have a bigger appetite or a greater need for sleep, and it takes these babies longer to satisfy their needs. With a baby who is sucking his thumb a great deal, it is wise to go slowly in eliminating any of his feed-

ings or working him around to a threemeal schedule or weaning him to a cup. Giving him plenty of time to suck in his first six or eight months will help him to get over his need for sucking sooner than he might otherwise.

You can generally tell during the first month or two if your baby is not sucking enough. Even before he can find his thumb, you may see him struggling to get his fist to his mouth. With a breast-fed baby, if he is being given both breasts at a feeding he may really not be getting enough sucking. When both breasts are given, the usual method is to take him off the first breast after about ten minutes and put him on the second breast. This breast is full, and he gets enough milk before he gets enough sucking. Try keeping the baby on the first breast longer, or if possible try to change

over to giving only one breast at a feeding.

The baby gets most of his milk in the first five or six minutes at a full breast. The rest of the time he may be getting only a slow trickle of milk, but he is satisfying his need for sucking and for closeness to his mother. It is usually possible to content a breast-fed baby by managing his breast-feedings according to these needs. If your nipples tend to become sore, notify your doctor. Try letting the baby nurse not more than eight minutes at a breast and give him a supplementary formula feeding if necessary. Your doctor may recommend something for you to apply to your sore breast after nursing.

The bottle-fed baby who is finishing his bottle in ten minutes or less, or getting enough to eat in that time and refusing to suck longer, is probably getting his milk too fast. Try new nipples with smaller holes, so he will have to suck longer in order to get all he wants to eat. Another way is to buy nipples without ready-made holes, and make really tiny holes yourself with a fine needle that you can first hold, for a few minutes, in a flame to sterilize it. If you use wide-mouth screw-top nursing bottles, you can screw the top on tighter to allow less air into the bottle and thus slow up the flow of milk.

Ordinarily babies seem to need less and less sucking as they get past seven or eight months, and this is one way they have of telling you they are ready for weaning to a cup. Some babies take longer to reach this stage. Weaning may be completed anytime from nine months to two and a half years.

When a child well past his baby years is still sucking his thumb there may be any of a number of reasons to look for — because

now it is no longer a need to suck, but some other need that is not being satisfied and the child finds comfort in his thumb. Children may suck their thumbs when they are tired, bored, unhappy about something, or need more cuddling and comforting than they are getting. Trying to stop them by force, scolding or nagging never helps. If a child is happy, well adjusted, and isn't nagged, he will usually stop sucking his thumb of his own accord. The best way for a parent to deal with it is to ignore it.

Dentists believe that thumb-sucking before the permanent teeth come in does not affect the shape of the child's jaws or make his teeth crooked. Among children whose permanent teeth come in crooked, it has been found that only about one-quarter of them did much thumb-sucking.

The Pacifier

There is still some disagreement among parents and doctors about pacifiers, but in general they are regarded more favorably than they were a generation or so ago.

Arguments for the Pacifier

Like thumb-sucking, the use of a pacifier is no longer seen as a "bad habit" but as a manifestation of the baby's need to suck when he is very young.

A pacifier is a nipple, without a hole in it, attached to a plastic disk which rests on the baby's mouth. Pacifiers should be made of solid rubber, so that the child does not swallow air, and they should be washed frequently. At the first sign of wear, the nipples should be replaced, so that the rubber does not crumble as that may cause the baby to choke.

Babies who cannot keep their thumbs in their mouths become frustrated. Pacifiers eliminate this frustration. This may be one reason why most babies give up their pacifiers sooner than they give up sucking their thumbs. Most babies who suck their thumbs regularly at three months of age are still doing so at two or three years; but nearly half of the babies who use pacifiers at a very early age give them up by six months. Another advantage is that the pacifier is less likely to push the teeth out of position, although thumb-sucking is no longer considered a culprit either unless it continues for too many years. Many doctors also recommend a pacifier as a tranquilizer in the treatment of colic.

If you do intend to use a pacifier, start before the baby has learned to enjoy the sensations in his thumb that result from thumbsucking. It is best to remove the pacifier just after the baby falls asleep. If he becomes dependent on sleeping with it, he will wake up and cry whenever it falls out of his mouth.

As the mother sees the baby losing interest (usually between three and six months) she can gradually stop offering it at those times of the day when he is least interested in sucking. Avoid a sudden and permanent removal of the pacifier, but do take advantage of the child's lessening need. A pacifier should never be forcibly removed, even if the baby still clings to it at two or three years, or later. This will only increase the child's anxiety.

Persistent need for the pacifier over a long period of time, like long-term thumb-sucking, may be an indication of a child's need for solace because of insufficient parental love and affection. But some children simply grow out of such stages more slowly than others.

If the pacifier is being used primarily to prevent colic, use it most during the times when the baby is most uncomfortable. Usually attacks of colic disappear after about three months.

Arguments Against the Pacifier

Others argue that while pacifiers may serve a good purpose, if used in moderation, it is hard to know when a child has had enough. In meeting a need, it is hard not to create and overstimulate it. By giving a child extra suction, just by continuing to provide the pacifier, one runs the danger of keeping a child at this level of satisfaction when he might otherwise have been ready to do without sucking.

Many people feel that it is more desirable and more natural for the child to suck his thumb. This he takes himself, if and when he wants it, and leaves it alone when he, himself, is ready.

Toilet Training During the First Year?

A baby's muscles and nervous system are not well enough developed to control his bowel movements until he is past a year old, and he is usually past two years old before he can control his wetting. This is why doctors generally advise against any attempt to train a baby to use the toilet until he is well past his first birthday.

Beginning toilet training before this usually means more trouble later on for both baby and mother. It is far better to put up with more soiled diapers now.

A baby may try to do what his mother

wants him to do before he is really able, but it is a strain, and children who have been toilet trained too early often go back to soiling a year or so later. Other children become tense, stubborn, and hard to manage in many ways because too much stress has been put on their toilet training.

Mothers used to feel that they had to begin to "train" their babies as early as possible to use the toilet, but it has been found that when children are allowed to be babies in this respect at least until after their first year, they gradually begin to cooperate as they develop muscular control.

When a baby is regular in his bowel movements, even before he is a year old a mother may find that putting him on the toilet seat for five or ten minutes (not longer) at a regular time each day does save soiled diapers. Some babies toward the end of their first year give a little warning that they are going to move their bowels, and in such cases also a mother can often succeed in "catching" the movement in the potty and save a diaper. There is no harm in this as long as the mother realizes that she is really not so much training the baby as training herself to watch for the signs. She cannot expect the baby to cooperate when he is not yet physically able to control his movement. Hurrying the baby nervously to the potty, or keeping him there longer than ten minutes, makes him tense and anxious about something he does not understand and cannot do anything about, and this makes his later training much harder than it needs to be. Constipation and other difficulties often arise from too much concentration on going to the bathroom.

Making toilet training too important is

always a mistake. A matter-of-fact, casual attitude toward soiling and wetting helps the baby to gain control of both his bowel movements and his bladder in the natural course of his development, and is much easier in the long run for his mother.

During his second year, when the baby begins to show that he has some control and is otherwise ready, he can be guided and encouraged to use the toilet. This is discussed under *Toilet Training* in the next section, The Toddler Years.

Teething

The new baby's teeth are already present in his gums when he is born, but they



"Mommy, my new tooth hurts."

A. Devaney, Inc.



A baby whose growing teeth hurt him needs special comforting.

Vivienne

begin to grow in their own good time during the baby's first year. Some babies begin to cut teeth quite young and may have several front teeth by their first birthday. Others are slower and have only two, upper or lower, at the end of the first year. Whether your baby's teeth come early or late is not an indication of anything except your baby's way of growing. The age of teething, like the growth pattern generally, is to some extent a family trait.

A baby may cut teeth without any signs of discomfort at all, but it is more common for the baby to fuss, at least a little, over his teething. During his first two-and-a-half years the baby gets twenty teeth, so that he is teething most of the time. The average age when the first tooth appears is about seven months, and the average age for the first signs of teething discomfort is between three and four months. The average number of teeth at one year is six, two central lower front teeth and four central uppers. Your baby's teeth may come earlier, later, or in a different order, for these are only average figures.

Drooling, gnawing and biting, and general fussiness and irritability are common signs of teething. With discomfort in his gums a baby may lose his appetite for sev-

eral days at a time, he may be wakeful at night, and he will show generally that he is unhappy.

Illness is not part of teething. If the baby seems sick or you discover that he has a temperature, call the doctor, whether or not the baby is teething.

Sometimes a baby is comforted by having the swollen gum gently rubbed. Wash your hands with soap, rinse thoroughly, and rub the gum with your index finger, being sure not to scratch it with your nail. (It is best to keep fingernails trimmed short anyway while you are caring for your baby.)

Something for the baby to chew on also helps, such as a rubber or plastic teething ring. During this time when he is biting on things, be careful not to give him toys made of celluloid, of which bits may break off in his mouth if he chews on them. The paint on the baby's own toys and furniture should of course be safe to begin with, but during this time you may have to protect the baby against accidentally getting hold of other painted objects to chew, such as the wooden handle of a kitchen utensil with paint which you are not sure is safe.

If the baby cries at night during teething he is in pain and needs comforting. Hold him a little. The warmth of your arms and a few sips of warm milk or water from a cup or bottle may help him go back to sleep.

When and How to Give the Baby New Foods

Today's babies begin to get new foods very soon, often before they are a month old. Each new food is a brand new experience

for a baby. The taste is new, the feel of the food on his tongue is new, and so, often, is the way he must take it—from a spoon or later from a cup. And we must remember that a new food is new to his digestion and all his body processes too.

For all these reasons, any new food should be given to a baby a very little bit at a time the first few times, and increased slowly and gradually over a period of days or, if necessary, weeks. His body needs time to get used to it, and so do his tongue and his taste. At first he may take only a drop or two. He may spit it out, turn his head away, refuse it altogether. It does not matter. You put it aside, and offer it again a day or two later.

Sometimes it is easier for a baby to try a new food at one feeding rather than another, perhaps when he is more awake, or less eager for the food he knows and likes. Sometimes he is willing to stop part way through his feeding at the breast or bottle, and take a little time out to try the new food again. Sometimes, if he is not too sleepy after his feeding, a taste of the new food at the end of his meal may be interesting to him.

How you offer a new food has a good deal to do with how your baby will take it. His feelings about this new experience reflect your feelings about it. If you are tense and anxious, and especially if you try to hurry or force the new food, you are bound to make him more fussy and rebellious than if you let him take it in his own way. A good many feeding problems begin because a new food is introduced by mother, not because the baby is difficult.

There is really no reason to be nervous about a new food. Milk is still the baby's main food, and if he takes a while to get



Baby accepts this new food with pleasure.

used to something new, there is no need to hurry him. Think of this step as a new adventure for the baby. His surprised face may make you wish you had a camera handy.

Now and then you might let your husband start him on something new, so that he too can have the fun of seeing how the baby takes it. Fathers have the reputation of being more relaxed with their babies than mothers, especially about feeding. If you find yourself tense about the baby's meal-time, you can give yourself and the baby the advantage of Daddy's freshness at the feeding job. But when your husband takes over, don't hover over him. Stay out of the way. Let the baby and his father work things out together. Either or both of them will call for help if they need it.

Generally, if a baby is offered a new food cheerfully and pleasantly, he may be suspicious at first but gradually he will come to accept it. It is pretty much up to you to pick the best time to offer it. If you don't hit it right the first time, or the first few times, just keep trying. If a particular food won't go down, substitute another which serves the same purpose in the baby's diet. (If you are in doubt about what these foods are, your doctor or public health service will tell you.)

It happens now and then that a particular food really does not agree with a baby's digestion, or he shows a special reaction to it. This kind of body sensitiveness is called an allergy. An allergy is sometimes shown in a rash, but not always. That is why it is best to report to your doctor anything you may notice unusual about the baby after he has had a new food. Many babies who have trouble with one or another new food at first seem to get over their allergies later. The doctor may want you to stop a certain food for a while and try another in its place. Later on he may suggest trying the first food again.

In giving new foods be sure you follow exactly the instructions given in these pages or by your doctor for preparation. They help you to preserve the vitamins and other food values the baby needs, to make the food digestible for him, and to make the feel and taste of the food as easy as possible for him to accept.

Canned and specially prepared baby foods, cereals, vegetables, meats, and meat soups, are useful in the early stages when the baby is taking only small quantities of these foods. They save you a great deal of time in cooking, straining, and other stages of preparation. But it is wise also to give the baby a chance to know and like such foods as the rest of the family eats when the baby is ready for them.

Fried or fatty foods, however, should not be given to babies because the baby's digestive system cannot handle much fat. Highly seasoned or spiced foods are also not good for babies. The baby's foods should always be steamed or boiled or baked or broiled. The doctor will tell you when your particular baby can begin to have a little butter or fortified margarine on his baked potato or vegetable. Usually this is not until after the first year.

Baby's First New Foods - Vitamins

The first new foods your baby gets are the "protective foods" — vitamins. Babies definitely need vitamin D and C and most physicians routinely prescribe a three-vitamin preparation containing C, D and A to all babies, whether on breast or bottle. With the bottled preparation comes a dropper with lines for exact doses. The fluid is drawn up to the line the doctor prescribes and then squirted or spooned into the baby's mouth at the beginning or end of a feeding, whichever proves more satisfactory.

How to Give Vitamins to the Baby



Hold the baby in a partially sitting position with his head and back supported by your arm. Drop the right amount of his vitamins by dropper on the tip of a small spoon, and let him lick it off if he is willing. Gently wipe what is left on the spoon onto the under side of his upper lip, so he can lick that too.

If the baby does not like the spoon, drip the oil slowly into the corner of his mouth and gently close his lips to help him swallow it instead of spitting it out. Be careful not to drop in too much at a time, and be especially careful not to drop it at the back of his mouth or he may choke on it.

Never give vitamins when the baby is crying or he may suck the liquid into his lungs

on an indrawn breath.

If he gets hardly any at all the first few times, don't be too concerned. This is his first new food, and the first one that he takes in any way other than sucking. The taste of vitamins is not displeasing to most babies. Many babies actually love it. But any baby does have to get used to the new way of taking food into his mouth and the new feel of it on his tongue. Give him time, and try to be relaxed and casual about this as about all the baby's efforts to learn new ways.

Orange and Other Fruit Juices

The baby's next new food is a fruit juice rich in vitamin C, usually orange juice. Nursing mothers who eat the proper fruits and vegetables usually pass along a good supply of this vitamin to their babies. Cow's milk contains very little vitamin C even when raw, and pasteurizing and boiling destroys even more. For both breast and bottle-fed babies, orange juice is sometimes prescribed as early as the first month. Tomato juice and grapefruit juice are good too. But to get the same amount of vitamin C as in orange juice you would have to give baby twice as much.

Other juices such as canned pineapple, apple, or prune juice, do not have enough vitamin C for the baby's protection. Orange drinks and other orange-flavored beverages contain little or no real orange juice and cannot be used as protective foods for the baby.

Most babies come to love their orange juice and it agrees with most of them. If your baby gets a little rash, it may be caused by juice, but that is not likely. Babies get many little rashes that have nothing to do with their foods. However, if the rash continues, report it to the doctor.

A good time to give the baby his juice is just before his bath, because that is the time when he is awake for quite a while before his feeding. Orange juice has a good deal of nourishment as well as vitamin content, and you don't want to give it too soon before a feeding or it may spoil his appetite.

Prepare fresh orange juice just before you give it. Vitamin C is rapidly lost once the juice is exposed to the air. Never boil or heat a fruit juice since heating destroys the vitamin. If you keep your oranges in the refrigerator, take an orange out in advance and let it warm to room temperature before you squeeze it. Squeeze the juice and strain it, since the baby drinks this from a bottle and the pulp would clog the nipples.

Wash the outside of the orange before you cut it because many hands have touched it. The knife and the strainer need only to be clean. It is not necessary to sterilize them.

When you first give the juice, mix it with a little of the baby's boiled drinking water, cooled to room temperature. A good proportion for the first day is one-half teaspoonful of strained orange juice and one-half teaspoon of water. The next day, increase to one teaspoon of juice and one teaspoon of water. Increase the amount of each, a half teaspoonful each day, until you are giving the baby two ounces of liquid, one ounce each of juice and water. Then gradually cut down the water until the baby is getting two full ounces of orange juice without any water added. This is his daily quantity. One of his small four-ounce water bot-

tles is a convenient size for his juice. Remember to sterilize the juice bottle when you are doing your sterilizing, and keep it in the covered sterilizing kettle until you need it for the baby's juice.

Some babies who cannot take orange juice at a very early age are given vitamin C medicine, which is called ascorbic acid. This comes in drops or in tablets at the drug store, and it can be given in the baby's milk. You can drop it into his bottle after you have heated the bottle to give him his feeding, when you are taking the bottle cap off and putting on the nipple. The tablets must be crushed first to make sure they dissolve. Heating destroys vitamin C, so be sure not to put this in with the other ingredients when you are mixing the whole formula, since the formula has to be boiled.

You can try fresh orange juice again, every month or so, beginning with a little of it mixed with water as you first did. Many babies who could not digest it at first are able to take it later. When the baby is taking a full two ounces of orange juice you can stop giving the ascorbic acid medicine.

Frozen or canned juice, either bought or prepared at home according to U.S. Department of Agriculture canning instructions, can be given to the baby.

Solid Foods for the Baby

There's no set age at which a baby graduates to his first solid foods. Doctors have been prescribing them earlier and earlier until nowadays most babies start on their first solid foods sometimes between two and four months. Three months is generally considered the most sensible age to start.

Actually, a baby gets all the calories he needs from milk and his immature digestive system can't make much of starch, but doctors have found that infants take to the idea of new food much more readily when they are younger than when they are older. These new foods also add iron to the diet, a substance with which milk is not heavily endowed.

Solid foods, and the name is a misnomer, are strained almost to the consistency of pea soup. But from the beginning baby is fed them by spoon, not a bottle. Gradually, he takes them less and less dilute.

Many babies become fussy if offered a spoonful of solid food before breast or bottle. It's a good idea to start with milk and then give him his solid food. When he learns that solids can be good too, you can move solid foods up to the middle or beginning of the meal. It is not important at which meal you start solids, so long as it is not at a feeding when he is least hungry.

When your child begins to drool you will know that his salivary glands are get ting busy and his digestive system is readying itself for new foods. Don't worry if your baby doesn't have a tooth yet. He won't need teeth for the soupy consistency of his first foods.

The Baby's First Cereal

The exact order in which solid foods are introduced is not important, but cereals have traditionally been introduced first. Unfortunately, cereals don't have great taste appeal for babies and it is wise to treat him to a variety, now so readily available.

Most mothers now use precooked cereals

made especially for babies. They are convenient, not much more expensive than regular cereals, and fortified with iron which is likely to be missing from a baby's diet until he is taking egg yolk. Anemia from insufficient iron is common during the first year. Start your child with rice, oats, corn or barley, omitting wheat until later if there is a tendency toward-allergies in the family.

Start with a teaspoonful or less, gradually working up to two or three tablespoons, if the baby wants it. There's no rush. The important thing is that he enjoys his cereal.

If you prefer to give the baby the same cooked cereals as other members of the family, start with farina. By the time he is five or six months old you can give him whole wheat, oatmeal, hominy, rice. Strain a small quantity of the family's cooked cereal and thin it with boiled water or a little formula until it will run off the end of a spoon. No sugar is needed. Wheat, oats and barley are the most valuable in terms of vitamins and protein.

An occasional change from cereal is potato. When you have baked potatoes for the family, or potatoes boiled, steamed, or pressure-cooked, peel the potatoes, then mash a little and thin it with boiled water or formula for the baby. Always cook potatoes in their jackets, but scrub them thoroughly before cooking. Potatoes peeled before cooking lose a great deal of their minerals and other food value.

The Baby's First Fruits

Fruit is often the baby's second solid, usually introduced a few weeks after he has

become used to cereal. Some doctors recommend it as a first solid food, most babies are so enthusiastic about fruit.

Except for ripe bananas, baby's first fruit must be stewed, strained and thinned with water or formula. If you are a stewed fruit fancier you may do this yourself. Most mothers prefer the convenience and variety of prepared baby fruits in jars. A banana is ripe for the baby when its skin has black spots or is quite dark all over, and the banana itself is no longer white but turning tan-colored. It should be thoroughly mashed and mixed with formula or water.

Begin with apple sauce or ripe mashed banana, a teaspoonful the first day. When the baby shows you that he likes it, gradually increase the quantity by about a teaspoonful a day. Alternate apple sauce and banana for a while, and then begin other fruits such as stewed apricots, peaches, prunes, and mixed fruits. Prunes have a tendency to loosen the bowels, so be very slow about increasing the amount you give the baby until you are sure his digestive system can cope with more.

Before long baby will be eating one-half a baby jar of fruit. Cover the remaining half and place in the refrigerator where it will keep for three days. Don't spoon out the first half of the fruit directly from the jar. Serve it from a small dish. Saliva introduced into the jar can spoil any food rapidly.

In the second half of his first year, baby will be eating scraped apple, pear and avocado.

If you are already giving the baby his cereal, and you have chosen the 10 A.M.

feeding for that, try giving the fruit at the 6 P.M. feeding. By this time you probably know your baby well enough to have an idea when he is not too impatient to experiment with new foods. You can shift the new foods around until you find the time that is comfortable for the baby and for you and the family too. It is usually best to give cereal and fruit at different feedings. Later the fruit can come as dessert at the same time as another solid food, but at first the baby cannot take large enough quantities of both at one meal.

Vegetables for the Baby



Strained boiled vegetables are usually added to the baby's diet two to four months after he has become used to cereal or fruit or both. This is somewhere between the fourth and sixth month. Vegetables with a mild flavor are best to begin with, such as green beans, carrots, or peas. Spinach, chard, summer and winter squash, tomatoes, asparagus, beets, celery, and onions can follow. Not as easily digestible, and therefore not given until the child is older, are cabbage, cauliflower, broccoli, corn, lima beans, turnips, and parsnips.

Babies are often rather choosy about which vegetables they like. If your baby refuses a vegetable two or three times, try giving him a different one the next day. Babies' tastes also change, and you can try the rejected vegetable a month or so later to see if he likes it any better.

If the baby is getting his orange juice at 10 A.M. and his cereal at 6 P.M., a good time to give his vegetables is at the 2 P.M. feeding. The baby's vegetable should be boiled or steamed, and put through a strainer or food mill. Add a little salt for flavoring and see if your baby likes his vegetables better that way.

Prepared Vegetables

Prepared jars of strained vegetables for babies will save you time and energy. You will find a wide variety and interesting combinations. But it is wiser to give baby each vegetable separately so that he can get used to the taste of each one. What is left can be covered and stored in the refrigerator for the next day. Do not keep them longer. Left-over vegetables spoil rapidly whether canned or home-cooked.

Vegetables canned at home are safe for babies if they have been canned according to United States Department of Agriculture directions. Canning in a pressure cooker is the only safe method for vegetables, except tomatoes, and for meats, chicken, and fish. At altitudes higher than 3,000 feet above sea level, the pressure cooker method is necessary also for tomatoes and for fruits. At lower altitudes, tomatoes and fruits can be safely canned by the water-bath method.

Frozen vegetables, whether bought or home-frozen, are safe for the baby, and should be prepared for him in the same way as fresh vegetables. Remember that frozen foods spoil quickly when thawed. Foods that have been thawed should never be refrozen. They would not be safe to use.

Vegetables and the Baby's Digestion

You may notice fragments of undigested vegetables in the baby's stool when he first begins getting this new food. You need not worry about this unless his bowels are loose and you see mucus in the stool.

Mucus is the sticky liquid that lines the insides of the body's passages such as the nose, throat, and intestines. When mucus appears in the bowel movements it is a sign that the bowels are too loose. If this happens after you have been giving a particular vegetable to the baby, reduce the amount to a very little bit. If the baby's bowel movement then seems all right, you can increase the amount a very little at a time, watching to see the effect. If the vegetable seems to cause trouble again, give it up for the time being and go on to other vegetables. A month or so later you can try the bothersome vegetable again in very small amounts.

Mothers are sometimes alarmed by a change in the color of the baby's stool after he has had a new vegetable. Beets, for instance may color both the urine and the stool pinkish or red. Beets have a strong color, and this does not mean the baby is having trouble digesting beets unless the other signs appear also.

Babies sometimes get red chapped lips after they have eaten spinach, and their bowel movements may redden the buttocks. Give the baby a rest from spinach for a few days if this happens, until the redness is gone.

Eggs Are Important

Babies need extra iron for their blood about the middle of their first year. Egg yolk is an important source of this iron as well as vitamins.

Be cautious in starting eggs. They sometimes cause allergies, especially in allergic families, and the white of the egg is usually responsible.

The egg for the baby should be hard-cooked (gently coddled for half an hour, not boiled), and only a very small amount of the yolk, one-quarter of a teaspoon or less, is given at first. Your baby may find it hard to take it plain. Try mashing it with a little formula, or give it in his cereal or vegetable. If it agrees with him, add more at the rate of a quarter-teaspoonful a day, until the baby is taking the whole yolk. If the egg makes the baby sick or he develops a rash, stop giving it and report to your doctor.

The white of egg contains proteins which, like meat and fish, are valuable for body-building. A baby who is taking the yolk well can usually be given the white toward the end of his first year. Again, begin with only a tiny bit of the white of the hard-cooked egg, and increase the amount of white you give him very slowly. Gradually you will work up to a whole egg.

From about ten months on, if the baby is doing well with his egg, he can begin to have it soft-cooked, coddled, or poached. The baby may have an egg every day, at any meal when he does not have meat or

Equipment for Feeding the Older Baby

Until the baby can sit up steadily, you will be holding him in your lap to feed him with a spoon or let him sip from a cup. He won't be ready for a chair until he can sit up well. Have a bib on the baby and a diaper or other cloth handy to wipe his chin.

Whether you have a high chair or a low chair and table is your own choice. The low chair and table will continue to be useful through the toddler years, and even longer. To save you bending down, you might have a low chair for yourself, too. When the baby's legs begin to hang over, the baby will need a stool or box to rest his feet on, since babies get tired when their legs dangle. You can buy or make padding for the back, sides, and seat of the chair.

A high chair saves your back, and it also makes the baby feel part of the family when he is old enough to sit in his high chair at the table at some of the family's meals. But some high chairs tip over too easily. A high chair should be very sturdy, with legs spread wide enough to prevent tipping over, and it should have a foot rest. There is a kind of high chair that converts into a low chair, and there is an ingenious one that converts into a low chair with a table.

When the baby is eating greater quantities of foods, it is wise to have a hot plate to keep his food warm while he eats. You can buy a baby bowl set in a metal container into which you pour hot water. Or you can set the baby's bowl in the top of a small deep saucepan containing hot water. If you do the latter, be sure to turn the



All gone!

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handle of the saucepan away from the baby so that there is less danger of upsetting it.

How the Baby May Be Eating at Six Months

When their baby reaches the half-year mark, parents generally like to take stock of his progress. So many new foods have come into his schedule that the old three-hour or four-hour feeding seems hardly recognizable. The baby is actually working his way toward three meals a day, and the breast feedings or bottle feedings at other times are beginning to seem like between-meal snacks.

It is important to keep in mind that every baby develops at his own pace. The end of six months is no more than a mark on the calendar. It is not a measure of an individual baby's progress. Many perfectly healthy babies are not able, at this time, to take

comfortably some of the foods they have been offered. A baby's digestion may take a little longer to cope with one food or another, or he may show an allergy to some foods. Illness of any kind also tends to hold things up for him. When a baby has a cold or any other upset it is no time to be trying new foods.

At about six months, your baby will probably be taking most or all of these foods in addition to his breast or bottle feedings: cereal, fruits and vegetables in variety, and egg yolk. He is certainly taking his protective foods for extra vitamin D and vitamin C.

He is getting his solid foods at the three important daytime feedings which are the beginning of his more grown-up schedule of three meals a day. The most usual schedule is fruit at 10 A.M., vegetable at 2 P.M., and cereal at 6 P.M. A baby who is hungry at breakfast may like both cereal and fruit then, and cereal again in the evening. The baby's egg yolk is mixed either with his vegetable or with his cereal. When meat is added to his diet, it is usually given at the mid-day meal, with the vegetable, and then the egg becomes part of his breakfast or supper menu.

Bread, Potato, and Other Starches

Many doctors recommend giving the baby bread dried in the oven, or unsweetened zweiback, when he is around six months old, even though his teeth have not yet begun to come in. A crust of bread is something he can hold in his hand, and this gives him his first experience of feeding himself. Gnawing on it, and munching the bits that break off in his mouth, are also strengthening exercise for his jaws. If his gums are beginning to feel itchy with teeth growing in them, something to chew on is comforting.

Other starches that a hungry baby may soon begin to enjoy are potato, rice, noodles, spaghetti and macaroni, all well mashed or strained at first.

Prepared meat soups for babies are made with a little meat, vegetable, and either rice or barley, and are more starch than protein. For the change of taste, offer a meat soup now and then at lunch, but only in place of another starch. Later, when you give the baby meat at lunch, it is better to leave out the meat soup. It hasn't much valuable nourishment.

Puddings and Custards

Fruit is more important food for babies than puddings and custards, and most babies like it better, so it is not worth your time and effort to prepare special desserts for your baby. If the family is having gelatine pudding, junket, or custard, your baby of six months or older may have some too. Later, when he is getting his food chopped or mashed instead of strained, he can have rice pudding or tapioca pudding. Chocolate is not easy for some babies to digest, so it is better to wait with chocolate-flavored puddings until he is two years old.

Some babies seem to lose their eagerness for milk about the time of their first birthday and do not take as much of this valuable food as perhaps they should. If you think your baby is not drinking enough milk, puddings made with milk, such as custard, junket, rice and tapioca puddings, can be offered to make up the difference.

Babies sometimes also begin to refuse cereal for supper, and then it is helpful to be able to give them puddings instead, with fruit or vegetable making up the main part of the meal.

Meat and Fish



Recent studies have shown that meat is good for a baby during the first year of his life. Many doctors recommend meat be added to baby's diet anywhere from the second to the sixth month. Most babies love meat once they get used to this new food that does not melt in the mouth and adds agreeable variety to their diet.

Beef is the first meat babies are given. Strained beef comes prepared in convenient jars, or you can fix it yourself. There are two ways you can prepare it. One is to scrape the raw beef with a dull knife or strong spoon, going with the grain, getting off tender bits and leaving gristle and tough muscle behind. You will want only a teaspoonful of the scraped meat at first. Shape it into a small patty, flavored lightly with salt, put it in a custard cup in a pan of boiling water and cook it until it is no longer red.

The other method is to sear the raw beef quickly on all sides in a hot dry pan, scrape it, flavor it with a little salt, and feed it to the baby. Prepare the baby's scraped or chopped beef just before you are ready to feed it to him, because chopped raw meat spoils quickly. Do not use a can or jar of food for more than one meal because saliva

in the container causes the food to spoil.

When he shows that he likes his meat, you can sear it and grind it fine for him in your meat grinder instead of scraping it. He can go on from beef to have broiled lamb chop, calves' liver or chicken liver, light or dark meat of chicken. Prepared foods make it simple for you to give baby a wide variety of meats, plus interesting mixtures. They run the gamut from beef to heart, liver, bacon and pork. Fried meat or salt, smoked or pickled meat or sausage is not for babies.

Be sure to remove all the fat from the baby's portion of meat before you grind it for him. Crisp bacon is a treat to most babies but it does not have much meat on it. You can give your baby a bit of crumbled bacon for the good taste.

Fish can take the place of the baby's meat or egg once or twice a week, at the end of the first year. Flounder, cod, halibut, haddock, red snapper, are white-fleshed fish that are not too fatty for him. Mackerel, bluefish, and other oily fish are better saved until he is older and better able to digest them. Fish for the baby can be steamed, boiled, or baked, but not fried. Pick the fish apart with a fork, carefully removing all the bones, and mash the fleshy part well for him. Some babies love fish and some steadily turn it down. There is no need to insist, but you can try again in a month or so.

Solid Food that is Really Solid

Before the baby's first year is ended, he should be encouraged to take his foods in more solid form. Thicker cereal, and fruits and vegetables no longer strained but When a child wants to feed himself, it is wise to let him try, no matter how much of a mess he makes, because that is how he learns.



mashed or chopped, are easier for him to get used to between his ninth and twelfth months than later.

He does not need teeth to manage this more solid food. He can soften it enough with his gums and tongue.

Get the baby used to more lumpy foods gradually. Begin with peas or carrots well mashed with a fork, or green beans finely chopped and with all strings removed. Put only a little into his mouth. If he is reaching for his food, let him take a little soft but unmashed piece of carrot in his fingers and put it into his mouth by himself. Getting too much into his mouth may make him gag. He will make better progress with the solid pieces if he can take them a little at a time.

As he learns to manage the solid foods, they need no longer be mashed or chopped so finely. There is no harm in letting him continue to pick up pieces with his fingers and put them into his mouth. This is one way of learning to feed himself, and it is also his way of dealing with the new consistency of his food. He has plenty of time later to learn to eat with other utensils. Now it is more important for him to enjoy eating his solid food.

The Baby Feeds Himself

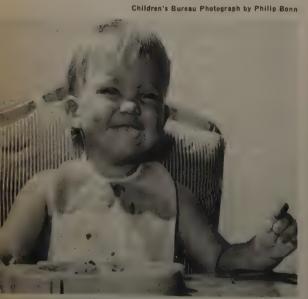
Some time around the latter part of this first year, if he has not done it before, your baby may show you that he wants to feed himself. He may dip into the plate with his fingers and try to get food into his mouth that way. He may like to rest his hand on your hand as you feed him. He may try to pull the spoon out of your hand altogether.

This is not a challenge to battle, but a fine step forward for the baby, and you will be wise to take advantage of it on the spot. Give him that spoon and get another for yourself. You might try giving him a small spoon that he can manage better. Whatever you do, don't let this opportunity go by. Your baby now wants to learn to feed himself, and this is the time to en-

courage him.

Mess is inevitable, and you will have to take this into consideration in your arrangements. Do not feed him in a room with a carpeted floor. Unless you put a strip of oilcloth under the feeding chair, meal-times will be less efficient, probably slower, and there will certainly be more cleaning up afterward. Getting food on the spoon and then into the baby's mouth is a pretty complicated operation, and it will take him a good while to master it. Meanwhile there will be food all over the baby and his chair, and probably everywhere else in the vicinity.

The nuisance may seem a high price to pay, but the price of not letting the baby feed himself is higher and goes on longer. A baby who is fed long after he can feed himself is likely to become too dependent in many other ways, too. And when the time comes that you want him to feed himself, he is likely to be past the age when



No feeding problem here.

learning this skill is interesting to him, and he would rather play with a toy while you continue to spoon food into his mouth.

While he is learning, your baby may get discouraged. He may simply stop trying, or begin playing with the food in his plate. Instead of scolding, sympathize with him. It really is a hard job for him to learn. Encourage him by helping to guide the spoon once or twice. Or move his plate out of his reach, and leave some crumbs or pieces of his food in front of him to practice with. If the baby persistently plays with his food instead of putting it into his mouth, he may be showing you merely that he has had enough to eat for now.

Babies who frequently gag on their food often get over their gagging when they are encouraged to feed themselves. You will notice that your baby rarely gags on food that he himself puts into his mouth, unless he happens to get too much by mistake. You may have had to take a large piece of bread or zweiback out of his mouth, but that is usually because too large a piece happened to break off as he was chewing on it. When the pieces are small enough, and he is intent on putting them into his mouth himself, he is not likely to gag.

Babies who have been encouraged to feed themselves when they were ready to try may be able to take over their own feeding almost entirely by a surprisingly early age.

Keep Meal-Times Happy and Avoid Feeding Problems

It may be hard to believe, but even little babies have food likes and dislikes, and in some babies these are quite strong. A baby may take a dislike to a food because he has had trouble trying to swallow it, or because it has been fed to him with a spoon when he still prefers to suck at a bottle. An older baby also learns food dislikes from his parents and other children in the family. You and your husband had better learn to relish foods you want your baby to eat, whether you like them or not.

It is never worth while to get into a battle of wills with a baby over food. Encourage him and cheer him on as pleasantly as you can, but there is nothing to be gained by insisting. The baby himself is the best judge of what foods he likes at a particular point in his growth and how much of them he wants.

If you insist, you may succeed in forcing down a food that the baby does not want, or in making him take more at a meal than he wants. But it will be a great mistake to try. In the end you are likely to have feeding problems that will give both you and the baby a very hard time.

If the baby shows he wants no more—or none at all—of any food, just remove it calmly, without comment. He won't starve. He'll eat when he is hungry enough. Letting him feel that you are perturbed will do him far more harm than eating less than you want him to. Your main object when you introduce a new food is not to get him to eat it at any cost right now. Your aim is to help him get used to it and like it. No particular food is indispensable to the baby's good growth. Even among the protective foods you have several choices.

A pleasant relaxed meal helps digestion, sweetens tempers, and makes many other things easy. This is just as true for babies and children as it is for grown ups. Besides



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This baby is making a bid for his parents' approval and it would be a hard-hearted parent indeed who would deny him.

this, a baby has a great many new eating experiences ahead of him. It would be too bad to make him feel that each new food is bound to be a battle with his mother. That could well cause him to turn against meal-times altogether and make difficulties with all his food. This is what happens in many cases.

A baby is not tricky or sly. He is not born with a gift for working on his parents to get his own way. He wants and needs your love and approval. He wants to please you, but he also has certain wishes and tastes of his own. When he closes his lips or turns his head away, he is trying to show you that he does not like that food or has had enough. If you ignore his first polite refusal, he has to try more forceful ways of expressing himself.



The trusting look on this toddler's dirty little face says "I love you" to the whole world and everybody in it.

Ellen Marsh

One to Four: The Toddler's Pre-School Years

The One-Year-Olds

Delightful as it is, this line from one of A. A. Milne's many magical poems for children isn't literally true.

At the ripe old age of twelve months, a child's physical rate of growth already has begun to slow down from the fantastic rate achieved in pre-natal and infancy days.

Now is the time for the subtler but even more amazing mental and emotional growth. Not until he was five or six months old did he even realize that he and his mother were not one and the same person. He had no idea where he stopped and she began. From now on, he will be trying to discover who he is and what he can do.

Long overlooked as a major period in a hild's mental development, years one to our are now considered the determiners of child's future intellectual growth by recarchers at Harvard and other leading iniversities.

Until recently, it was assumed a child's ntelligence was fixed at birth. Now, some tudents of child growth believe half of a person's general intelligence is formed by age four. Latest research indicates that environment is responsible for as much as a 20 to possibly even 40 point IQ span. An Illinois University special education authority has stated a given individual may have an IQ of 80 with a poor environment, or 120 with a good environment. This is the difference between college graduate level and moron level.

Which stimuli? When? And for which child? Educators do not yet know. At the moment they can merely recommend exposing the toddler to as many interest-provoking stimuli as possible. They are fearful, however, that middle-class parents will use these new theories to keep up with the Joneses and withhold approval or affection unless the child performs. This would leave the child feeling worthless.

It is known, however, that what the child does need now as he embarks on his great exploration is a sense of trust in adults. In his world, everything is new, new as he is. If parents let themselves show their love for the youngster, the child can devote himself

to growing. If they do not, he may get detoured.

Growth is the normal thing. Growth is what he wants for himself, not just in size but in experience. Free him to grow. Now, and no matter how old your child is, support him when he wants you. This will not make him soft, but give him the courage to develop.

And How He Has Grown!

Only a short while ago your baby was content to lie in his crib, cooing and waving his arms and legs, or to sit propped in his carriage watching the passing scene. From now on his increasing skill and strength keep him constantly on the move. He is almost never still unless he is asleep.

His short baby arms grow longer and stronger. His arms and shoulders and his large body muscles strengthen before his legs do. He wriggles and rolls over, pulls himself up, races over the floor on hands and knees and clambers up and down on chair and sofa. He reaches for things, pulls and pushes things, picks things up and lets things fall. His hands are busy touching, grasping, squeezing. He is learning the feel of things, their hardness or softness, smoothness or roughness. He is learning the skills of fingers, too. He makes the amazing discovery that he can pick up a crumb on his table, or a speck on the floor. All are likely to go into his mouth, because he has to find out everything about everything, including how it tastes.

Somewhere between twelve and eighteen months, the baby becomes a masterful crawler. Some youngsters can stand by themselves. Others walk with a wobbly gait. Some begin to use real words.

The Terrible Twos

Two-year-olds walk with feet apart, bodies bent slightly forward. Some can go up and down stairs, one step at a time, run along on tiptoe and are in almost constant motion.

Whatever other words they can say, their favorite is "No!" They can take off and put on their own shoes, build simple block towers and begin to feed themselves. Toilet habits are largely unreliable.

Two-year-olds need friends their own age. Because they play alone, parents sometimes forget they need occasional playmates.

As twos learn to assert themselves, they want things done their way and resent any interference. Their concept of time is vague. They understand it only in relation to events: before a nap, after dinner. They have difficulty in distinguishing between real and unreal and may have irrational fears.



There are times when any young child will assert himself against the opposition.

Twos put their fingers into everything and constantly want to know "Why?" They use nouns and a few verbs and confuse pronouns: "Me drink."

Two, obviously, is a trying time for parents and demands patience. But the older child or person who has never found himself is much harder to take.

Allow your two more time, let him do as much for himself as possible without disrupting the entire household. Show your love by giving him his freedom but holding him close when he is hurt or troubled.

Show your love, too, by setting reasonable limits imposed with kindness. Unlimited freedom is difficult for a child to cope with. He finds himself by bumping up against some of your "No's". They give him an idea of how large a field he can operate in. If he has the whole world, life is too big, and he may shrink back.

At this age, a child usually wants his mother and nobody else. He may even fuss if a favorite grandmother coddles him. Avoid any potentially traumatic experiences: postpone, if possible, an elective operation, moving, extended separations, or taking a job.

The Tireless Threes

The three-year-old experiments vigorously with what he can do. Three is an age of insatiable curiosity, tireless activity, chatter and incessant demands.



llen Marsh

No sooner are they out of the cradle than they are asking where babies come from. Play and fantasy take the place of the things the child would like to do but cannot. His imagination becomes so lively he scares himself with it.

He is seriously beginning to participate in cooperative play, to take turns, and to share. He is less negative, understands words better, and can assume some responsibility for his belongings. Too much responsibility, however, will squelch his enthusiasm.

Three confuses what is true and what might be true, what he does and what he thinks. Mere thoughts have the power to make him feel guilty. He may think he is bad because his thoughts are bad.

The Affectionate Fours

Four is an affectionate age, with a cuddly little girl or boy putting arms around a

loved grown-up's neck, rough-housing, and riding piggyback, laughing at jokes and making them.

Four-year-olds stand straight, seldom fall, climb easily, do a fairly good job of dressing themselves, although they may need help with their shoelaces, and still need a nap during the day.

If "No" is the favorite retort of the twos and threes, "Wait a minute!" is the favorite of the fours. Four-year-olds enjoy each other. Being "friends" is very important. They are also apt to quarrel and tattle.

Fours are noisy, active, boisterous. Sometimes they seem so grown up that adults expect too much of them. Too many restrictions may only engender aggressions.

Their attention span is brief. They like stories which deal with the here and now, rhymes, jingles, but, some of them, not fairy tales. They'll experiment with naughty words for effect. But this phase won't last long unless they find they can upset adults and get all the attention they want.

Growth Means Change

Change is the keyword in these years. Look for changes in your child's food, play, toilet and sleeping habits. He will progress at an uneven rate. He'll move ahead sometimes, slip back, perhaps, into baby ways at others, then, hopefully, forge ahead.

All this is normal and to be expected, but it is difficult for a mother to adapt to her toddler's changing needs, run a home, and meet the demands of the rest of her family.

What a mother needs most is patience. Haste now can make much waste. A young-ster must have extra time for dressing and undressing, eating and picking up toys. He

needs time for everything he does because he wants to and should try to do all these things for himself.

A child who is too often hurried may give up trying or become balky and unmanageable. A child who never tries to do anything for himself, or puts up a battle at every step, not only is not getting on with the job of growing—he can really keep the housework from being done.

Close your eyes to some household disorder. A child's emotional and physical growth and your relationship to him is more important than an immaculate home.

Keep your schedule flexible. Put off until tomorrow what you cannot do without a struggle today. Try to simplify and organize your housework, marketing and other family tasks. Put first things first.

Even Mothers Are Only Human

Any mother who refuses to admit she sometimes becomes utterly exasperated with her toddler is something less than honest. It's perfectly natural for you to lose your patience sometimes, as long as it is only sometimes.

Perhaps, it will be easier for you to be patient if you understand your youngster's situation. In addition to trying out his growing strength and satisfying his curiosity, he has to assert himself as a person. Sometimes this means fighting against the very people on whose love he is most dependent, his mother and father. And when he finds himself fighting them he can get very frightened. Then the fear that he is losing his parents' love can lead him into other kinds of difficult behavior. This is why harshness and severity simply do not work, while gentle firmness and understanding usually do.

Bent Twigs

Sensible training geared to the needs of each particular child is vital. It is during early training procedures that struggles often arise between parent and child, and a child's hostilities are nurtured.

At first an infant is king. What he wants he gets, and rightfully so. Then, slowly, harsh reality engulfs him. He must give up the nipple for a cup or glass. He must go to the toilet. He must not kick, bite, or throw things. Inevitably, he becomes resentful.

It's not bad enough that he is angry at his parents for restrictions placed on him. In addition he feels guilty because of his bad thoughts. What's worse he is completely dependent upon the very people who anger him. What if they were to go away and leave him?

What a child always needs, but especially at this time, is love. If he feels love, he will be better able to love in return. He gradually gives up his selfish desires for love of people rather than fear, and in this way he escapes the burden of buried resentment. But if he feels unloved, he will look upon necessary restrictions as hostile actions, and his hostile feelings will emerge each time he is restricted.

Feeling he has nothing to gain by being friendly, the child who believes he is unloved may become anti-social. Or, fearing punishment and further loss of love, he may bend over backward not to be hostile and become too timid or passive. Too much goodness in a very young child is suspicious. It may break out in cruel actions later.

Rewards and Punishments?

Believe it or not, mothers often complain,



"I spank and spank my child, but it doesn't do any good." They also say, "I promise him candy if he will sit still and eat his lunch, but it doesn't seem to help."

Rewards and punishments do not help to guide the young child. With a young child, a reward promised for "later on" does not help him to control his restlessness at the luncheon table now. A spanking yesterday does not help him control his curiosity about the hot stove today. He does not understand time in terms of what was or what is going to be. The important thing for parents to do is to take into account what is making him do the things he does.

There are bound to be periods when any young child is hard to handle.

If, despite your best intentions, you find yourself spanking your child more than you should, see your physician. You may need a tranquilizer or some professional help. If you have never heard of the "battered child" syndrome, researchers now say more youngsters are victims of beatings by parents than of several childhood diseases. Shocking!

Nap Times Change

Around the time of a baby's first birthday, a mother often finds that he no longer wants to go back to sleep after breakfast. He may take his morning nap later and later, until he is sleeping just before lunch. Then he stays wide awake until late in the afternoon. After such a late nap you can understand his being balky about going to sleep at bedtime. Or he may decline to sleep in the afternoon altogether, and then he is too cranky with weariness to eat his supper.

If your youngster is putting off his morning nap in this way, try letting him skip it altogether and give him his lunch earlier, say at eleven-thirty or even at eleven. If he gets a good nap in the afternoon, his supper and bedtime come out right. If he is in that in-between stage when two naps are too many and one is not enough, he may be tired enough for an early supper and bedtime.

He may vary in this way for some weeks, sometimes taking a morning nap and sometimes skipping it. This will be inconvenient for you. But until he is able to get along with only one nap a day you will have to be ready to change his meal-time and bedtime to suit him.

A child does not resist his nap out of contrariness but because his energy is increasing and his body really needs less rest and more activity as the days go by. This is part of growing. He cannot help it, and it is more wearing on you to make a battle out of nap-time than to accommodate yourself day by day until your toddler settles for a fairly regular afternoon nap.

At about four or five most children begin to shake off the afternoon nap. Some begin sooner, and some continue to take an afternoon nap through kindergarten age. In many schools, children in kindergarten and the lower grades are given an afternoon rest on cots, and a good many of them fall asleep. Even when a child does not sleep, lying down for a rest in a quiet room, usually after lunch, is necessary for him during

these active years. Most children take the rest willingly enough if they have been reularly put to bed right after lunch with being allowed to play first.

Another reason for putting the ch down for his nap early is so that he c have some outdoor activity in the afternoo if the weather permits, while it is still sum. This will help him to sleep at night.

Many mothers have found that a you child eats a better lunch if he has a chanto quiet down after his morning of pl than if he is called directly from play to table. A good plan is to bring the child in few minutes early, take off his play cloth wash him, and put on his robe and slippe for lunch. He is then ready for his naprest in bed after lunch. This is particular helpful with active, high-strung children

At least two people in the family benefirom getting the toddler off early to be the child himself and his mother. A dwith one or two young children is exciti and has many moments of enjoyment, hit is also taxing on a mother's patience, it agination, and physical strength. She need her evening of relaxation with her husbat or with friends. And she may sometime want to use the time to catch up on hour hold tasks.

How Much Sleep?

A child of two needs a good night's sloof between eleven and thirteen hours, eif he naps for two hours during the day. bed-time depends on his daily routine also on the family's habits. For example the family arises at six or earlier in morning, the toddler should go to bed the latest, by six o'clock at night. If

amily has supper at six-thirty or seven or ater, it may be necessary to give the toddler his supper early and put him to bed before the family sits down to eat. However, it is also important for the child to have some time to spend with his father, and so his bed-time should allow for that.

In many families it is found convenient to give the young child supper first, and let him have time for quiet play or story-reading with his father while his mother is preparing the family's supper. Then father or mother can put him to bed before the family meal. For other meals or on weekends, the toddler can eat with the family.

Establish a Regular Bedtime

Keeping a regular bedtime does not mean that the child may never be allowed to stay up a little later. For a special occasion, such as a holiday or a visit from grand-parents, an extra half-hour or so in the evening does no harm. But it is best to limit these occasions since a young child who stays up late does not always make up the lost sleep by sleeping later in the morning.

Getting the Child to Bed

Getting an active child to bed is not usually a matter of merely telling him it's bed-

Asleep at last.

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time. It is hard for him to give up the many interests of his busy day and prepare for sleep. He needs time to unwind. It is often hard for him, too, to be shut away in his room while other children in the family, or even just his parents, are staying up and things are going on in which he can have no part. An infant will fall asleep when he is tired, but a toddler, no matter how tired he is, does not usually realize his need for sleep. Sleep has to overtake him. Besides, making a fight against going to bed is one of the toddler's ways of asserting his independence.

The most successful way to keep bed-time from becoming a nightly battle is to make going to bed itself a happy and agreeable experience. Young children like to be close to mother or father at the end of the day. They also like a certain amount of ceremony or ritual that is gone through in the same way every night, just as they like songs and stories that repeat the same words over and over. Repetition seems to give a young child a feeling of security. He likes things to be familiar and recognizable. So at bed-time a regular ritual of washing, brushing teeth, and choosing a toy to take to bed is comforting to him.

Telling or reading a quiet story in a quieting manner at bed-time is one of the oldest and still one of the best ways to help a child get ready for sleep.

Sleeping Problems

Some time between the ages of 15 and 20 months, many children start to rebel at going to sleep or wake up often during the night. Even youngsters whose bedtime is

regular and whose parents are considerate and affectionate in getting them to bed may have periods of fighting against sleep.

This is understandable. These are the years when children's fears first demonstrate themselves. Fear of the dark, thunderstorms, dogs, or of just being alone—all can keep a child awake.

These are also the years when children become anxious about being good, or about being punished or about not being loved by their parents. They cannot put these anxieties into words, but they show them in various ways. One way is to fight against falling asleep or being actually unable to fall asleep. Another is to have frightening dreams.

When a child is having trouble with sleeping, you can check up on several possible causes:

1. Are His Sleeping Conditions Good?

Is the temperature of his room comfortable and are his covers right so that he is not too warm or too cool? Is his room reasonably quiet so that his curiosity about the rest of the family is not aroused by interesting noises?

2. Is He Going to Bed in a Quiet Relaxed Way?

Exciting play before bed-time, or a too exciting story, may leave him too keyed up to fall asleep right away. Fathers like to romp with their children and young children often love rough play with their fathers, but it is not wise to choose bed-time for this kind of activity.

If one gives to a child, as one does by reading or singing to him, he feels more at rest. He feels that the world which he so reluctantly relinquishes at night will be there tomorrow. Beloved toy objects also give him a feeling of continuing reality. He knows they, like his parents, will be there tomorrow.

3. Is His Daytime Activity Satisfying to Him?

Is he getting enough active play, fresh air, and companionship with other children? Or too much? Is he getting too much stimulation and not enough rest during the day?

4. Is He Getting Enough Attention, Affection, and Approval from His Parents?

A busy mother may not realize how much time she spends in saying "Don't!" to her toddler, laying down the rules. The feeling of always being in the wrong can mount up during the day and bother him at night.

5. Is He Troubled by Some Special Fear?

If a child is afraid of the dark, there is no harm in letting him have a night light, or in leaving his door open a crack so that he can see a little light and not be afraid he is being deserted by the family. He will get over his fear more readily if his parents are sympathetic and helpful than if they pooh-pooh it or treat it as something he should be ashamed of.

6. Does He Go to Sleep Assured that His Parents or Some Well-known Adult is Nearby?

By the time he is 18 months old a child usually can understand when his parents tell him that they are going out but will be back later, and that a relative or familiar babysitter will be there to watch him. If parents sneak out, there is always the danger that the child will wake up and be devastated to

find that his parents are gone. The feeling that he has been tricked or abandoned could lay the groundwork for future night fears and wakefulness.

Children sometimes go through a period of disturbed sleep when there has been some great change in their lives, such as a journey, or moving to a new home, or the coming of a new baby, or beginning to go to nursery school or kindergarten, or the illness or absence of a parent or a close member of the household. A child who has been sick also may have trouble getting back into a good sleep routine.

Usually this passes by itself, but it passes more quickly when parents are patient and sympathetic than when they are severe with the child.

Should Parents Take a Child into Their Bed?

When a child wakes in the night too frightened to go back to sleep at once, you may wonder whether to take him into your own bed. In general it is better to sit with him in *his* room until he is calm and ready to go to sleep again.

A child who is getting plenty of attention and love from his parents during the day, and whose life is otherwise happy, active, and orderly, can be put to bed with gentle firmness. If his parents have been reasonable but firm about setting limits in other matters, so that he knows they mean what they say, they can make it clear that one drink of water and one trip to the bathroom are enough, and that they expect him to settle down and go to sleep.

If a child's sleeping continues to be disturbed without apparent reason, it is best to talk it over with a doctor or ask for advice at a guidance clinic.

Appetite Changes

From about his first birthday on, you may notice that your child is less hungry and more choosy with his food. He is likely to be drinking less milk from his cup than he did from his bottle, and he may be taking less food in general. He may also be turning down certain foods, whether or not he ate them willingly before.

Don't panic. Don't coax, Don't cajole. Don't force feed, if you want to avoid eating problems. It's absolutely normal for your youngster to want to eat less. He's no longer growing at the rapid rate he did during his first year. If he continued to grow at that initial speed, he would weigh 200 pounds by the time he was three.

Yet, no matter how often doctors assure mothers their youngsters are thriving, some still think, erroneously, that toddlers must be as plump as the youngsters in magazine ads to be healthy.

Some mothers feel a sense of rejection when their youngsters turn down the food they have so lovingly prepared. Wasteful as it is, it is wiser to throw away food that can't be salvaged than to lay down the groundwork for lifelong eating problems.

A toddler may reject foods for many reasons. Like anyone else, he has ups and downs of appetite. Teething often makes him eat less. And just like adults, a young child does not like to be pushed around. When people are pushed, it's human nature to push back. The more you urge him, the less he'll eat. He's only doing what comes naturally.

When a child is generally active and

happy and getting along well in other respects, he is probably getting enough to eat.

Occasionally, some mothers create eating problems because they are not aware of small children's tastes. With very few exceptions, children like plain food uncomplicated by seasonings and spices.

A famous experiment with young children showed that when they were given a choice of all kinds of wholesome foods at each meal, they ate a perfectly balanced diet over a period of time even though some individual meals were mightily unbalanced. The children in this experiment were allowed to choose their own foods even when it meant making an entire meal of one thing. But, over a period of weeks none of the children got too fat or too thin and all of them grew and developed well.

At home, of course, it is not practical to give the child so many choices at each meal. But the result of the experiment should encourage mothers to trust their young children's appetites and not to worry if a child rejects this or that food.

There are so many choices of foods for the different nutritive values that it is always possible to give your child a balanced diet of wholesome foods that he likes, and it is never necessary to battle with him.

If your child is turning down his cereal, and you have tried many varieties without success, remember that bread is made of grain, too. Toast or bread for breakfast, of the whole grain or enriched varieties, provides the same values in his diet as cereal. Rice, tapioca, or bread pudding make pleasant substitutes for cereal at supper. Noodles, macaroni, and potatoes provide some of the same energy-giving starches as cereal. In



Feeding herself-good!

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the same way, it is always possible to find substitutes for the vegetable or fruit a child does not happen to like at the moment.

If you are afraid your child is not getting enough milk, remember that he can get along well on a pint a day. Some days he may take less than a pint; but before you begin to worry, watch him for a few days and see if he is not taking an average of a pint a day. You can also give him milk in custards and puddings, in creamed soups, scalloped dishes, and in cheese.

Or you can cook his cereal in milk instead of water.

Encourage Your Child to Feed Himself

Toddlers who are given a chance to feed themselves learn this skill surprisingly fast. In general, if a child shows an inclination to feed himself at an early age, he should be encouraged to do so, no matter how messy his attempts. This self-service will improve his eating in the long run.

A child does best when he is allowed to struggle with his dish of food by himself for a little while, at the beginning of the meal when he is hungry. If his mother sits with him, spooning food into his mouth as fast as she can, he is gradually discouraged from trying. If she hovers over him, correcting him and scolding him for making a mess, he will also be discouraged. She helps him most by busying herself at something else nearby, and letting him work out the problem undisturbed. He will make a mess, but he will make fewer messes, as time goes on, if you let him practice by himself.

Correct Utensils

The right kind of dishes and utensils also help. Give your child a deep enough dish for his cereal and fruit, and a dish with partitions for his meat and vegetables. Give him a spoon with a rounded bowl that he can get into his mouth and a short straight handle that he can grasp in his fist. Later he can have a fork with broad blunt tines and the same kind of handle as his spoon.

He will do better if there is only a little food on his plate than if it is piled high. You can offer him a second helping of anything he particularly likes. Cut his food in bite sizes, and don't mind if he uses his fingers as often as his spoon. Put a large bib on him, spread newspaper on the floor around his chair, and let him alone.

One of the first problems the young child has to solve is how to get food onto his spoon. Some children quickly learn to use a crust of bread as a pusher, once they are shown how. The next step is getting the spoon to his mouth with the food still in it. It takes a good deal of practice to learn to turn his wrist and keep the spoon right side up on its journey from the dish. As you watch your youngster wrestle with this, you may wonder how he will ever master the skill. But he will, as all of us did. He will master it cheerfully, he will enjoy his meal-times, and he will probably eat better, too, if you give him plenty of time to work it out and never mind the mess.

You will probably have to help him finish, especially at the end of the meal, for he may tire of the struggle before he has had enough to eat. One day when he is particularly tired or upset for any reason you will also find it wise to help him. If he begins to play with his food, move the dish away and offer him a spoonful. If he refuses, he has had enough. Don't try to get him to eat "just a little bit more."

Meal-Time Troubles

Even when a mother is as relaxed as possible about her child's eating, troubles may arise at meal-times. The child of a year or two is not as single-minded about his food as he was in babyhood. His lively energy makes him restless. His curiosity about other things distracts him from the business in hand. He may puddle and play with his food, upset his cup, drop his spoon. He may stand up in his chair, or lean over to look at food or the spoon he has dropped or something else. If he is able, he may even climb out of his chair and run away.

Punishments do not help. A child may possibly eat a little more because he is afraid of a spanking, although even this is doubtful. But introducing threats and unpleasant-

ness at meal-times is always risky. The bad feeling does not improve his appetite, and it is likely to lead to other kinds of difficult behavior.

Rewards aren't very helpful either. Promising a child a piece of candy if he will drink up his milk may seem to work at first, but you will have to keep increasing the bribe as time goes on, and as the child gets older he will learn ways to get the candy without first drinking his milk.

Entertainment does not help either. Telling a story at meal-time is not harmful in itself, but when the story or Daddy's tricks or funny noises become a way of getting the child to sit still and be fed, they can make meal-time an exhausting circus for parents and they certainly do not increase the child's interest in the food.

Between-Meal Snacks

Most young children need a snack between meals. They usually cannot eat enough at one meal to match the energy they expend. If the between-meal snack is well chosen, it will not spoil a child's appetite for lunch or supper but will actually help him to eat better. A child who is overtired and cross cannot eat well. The between-meal snack keeps him from getting to this point of fatigue.

In nursery schools and kindergartens the mid-morning and mid-afternoon snack is a regular custom. It has been found that young children need both the renewed energy of food and also the moment or two of rest from their active play.

Tomato juice, fruit juice, or milk, with a cooky or a few crackers, make a good snack for the toddler. When he is older and has

enough teeth to chew them, an apple or other raw fruit, some carrot sticks or other raw vegetable, are also good.

It is best to avoid chocolate or chocolateflavored drinks, until your little boy or girl is past two years old. Too many sweets in general tend to interfere with the child's appetite and digestion, although an occasional treat of ice cream or a lollipop will do no harm.

As for the effect of sweets on the teeth, it is now known that the harm sweets do is in sticking to the teeth and gums. That is why it is no longer considered desirable to let children chew on such sweets as dried apricots, raisins, prunes, etc. They would be preferable to candy if the teeth were brushed immediately after eating. But this is seldom done.

Toilet Training: When and How to Begin

Starting time depends on the state of development a child has reached and usually occurs somewhere between eighteen months and two years.

Actually, there is no more reason for parents to be concerned about when a child is ready for toilet training than there is to be concerned about when he is ready to dress himself. Difference in toilet training readiness is as normal as differences in weight and height. Naturally, parents consider the earlier the better. But this is not so.

Parents would be more patient, perhaps, if they realized that toilet training can only be begun successfully when the child's brain-muscle coordination has reached the correct stage. It has been said that the sphincters (the muscles that control bowel

and bladder functions) are the most intelligent in the body. Only they know the differences between solids, gases, and liquids.

Commencing toilet training too soon not only is not worth the trouble, it can result in later difficulties. If, on the other hand, a child has not started training by the time he is well beyond two his parents are apt to become irritated and impatient despite their best intentions. And the child, seeing their displeasure, is apt to feel inadequate.

Most children learn bowel control first, bladder control second.

Sometime about eighteen months, a child will let you know he is ready to have a bowel movement. He'll grunt, strain, wriggle, turn red in the face, or indicate by word or gesture he already has soiled his diaper.

When you have some warning, or when your child has a fairly regular time for bowel movements, you can begin putting him on the potty chair just before times. If the try is successful, show that you are pleased by smiling and saying something pleasant and encouraging, such as "That's good." If there are no results, take the child off the potty seat after five minutes, or sooner if he becomes restless. It is best not to leave him there longer. And be sure you do not show disappointment or disapproval if he has not performed.

If you have tried for a few days in this way without success, wait a few weeks or a month before trying again. It does not matter whether your child is toilet-trained a few months sooner or later. What is important is that the child should feel at ease about this natural function and should not come to attach undue importance to it.

This does not mean that it is good to show too much excitement when he is suc-



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cessful. A gentle word of encouragement lets him know that this is something you would like him to do, but more than that makes the whole matter of going to the bathroom too important.

Potty and Training Pants

Whether to have a child's potty chair or a seat that fastens to the bathroom toilet seat is a matter of choice. A little low chair over a chamber pot is likely to be more comfortable and easier for the young child to get used to than a seat over the flush toilet. If you put the child on the flush toilet, be sure not to flush it while he is sitting on it. Children are often interested in watching the toilet flush at first, but it is not unusual for them to develop a fear of the noise and the rushing water later on. So it is wise to watch the child's reaction if you flush the toilet when he is near.

One great advantage of a potty chair over

a toilet seat is that the child can get on and off his own chair by himself. To the young-ster of toddler age, anything he can do by himself has a great appeal, and the potty chair that he can go to by himself may help him to manage his own bowel training just as trying to feed himself helps him to manage his own eating.

Sooner or later the child's inspiration and the potty will meet.

Most children naturally come to have fairly reliable control of their bowel movements by the time they are three, although there may still be accidents.

When you have had a few successes, buy training pants. Buy the thickest ones you can, at least a dozen, and rinse them as soon as they are soiled so you will always have dry ones handy.

This "grownup" clothing sometimes has a remarkable effect. Youngsters want to live up to the promotion from diapers. They will often be more careful about not soiling their training pants, although they may continue to soil their nighttime diapers. Sphincter muscles develop nighttime control last of all. The child's coordination is not yet well enough developed to wake him up from sleeping when he has soiled.

If you can, be consistent about the time you take trial runs to the potty, so habit will play a part.

How to Avoid Toilet Training Problems

A period of constipation may set a young child back in his bowel training. A simple diet change may be all he needs. Try giving him prunes once or twice a day. Enemas and laxatives should never be given to young children without a doctor's order.

Illness or a change in the child's routine may also set him back. Often he is simply telling you that he would like to be a baby again and have no responsibilities. Moving his bowels when and as he pleased was one of the privileges of his first months of life. He is not being bad, he is merely going through a difficult period.

You can best help by being patient and kind. If you are upset, he will become only more troubled, and it will be even harder for him to get back to where he was.

A child who has been getting along well in his bowel training may suddenly rebel. He may hold back his movement while he is on the potty, and then soil immediately afterward. Or he may hold it back for hours so that he becomes constipated. These are ways in which a young child expresses his independence. They are not a very convenient way, from his mother's point of view, but if the child finds that he can create a fuss in this way, he will be pleased with himself and go right on.

Without being aware of it, you may have been pushing him a little too earnestly at his training. Your best policy is not to get upset and to say nothing more than "Too bad you've had an accident." Then relax on his training for a while.

Your Attitude Toward Your Child's Bowel Movements is Very Important

A mother sometimes confuses her child about his bowel movement by showing disgust for the stool as something unclean that must be got rid of as quickly as possible. First she asks him to produce the bowel movement, then she praises him when he

cooperates, and in the next moment she hurries it away and flushes it down the toilet. She may also make a face and show in other ways that it is unpleasant to her.

Remember that to the child his bowel movement is not dirty or disagreeable. He is curious about it, as he is about all other substances and objects. Many children play with their bowel movements at this stage, and this is entirely natural and normal. It is not easy to clean up the mess without showing some feeling about it, but it is worth trying for a casual attitude.

A healthy attitude is to treat this function throughout as neither good nor bad but simply natural. Remember that your child is going to be moving his bowels all through life, and if he develops strong feelings about this function in his early years they are likely to stay with him and affect both his health and his personality in time to come.

Helping Your Child Stay Dry

It's understandable why some mothers like to have their youngsters dry as early as possible. There's less work. Youngsters aren't accepted in nursery school until they are well trained. And many mothers like to boast that their child was the first to achieve this or that.

Authorities now believe it is best *not* to start training a child until he is around two years old when he will practically train himself. By two, he wants to be like his parents, brothers and sisters, and he has enough control to manage successfully. Some observers believe that youngsters who teach themselves become dry at an earlier age than children who are "taught."

It is now believed that too early, too

much, or too strict training may be one of the major causes of wetting that persists or begins again after the training period has ended. Shaming, bribing, threatening, or even rewarding a child into keeping dry may cause future wetting, especially if the child has other problems at the time. A few weeks of extra diaper washing at one and two may save months of sheet washing when he is four and five.

Children achieve dryness at different ages. Few children are dry in the daytime by two. Some children are dry both day and night by three, although occasional night wetting usually lasts until three-and-a-half. After three, and even four years, there are bound to be accidents.

When you find that your child is staying dry for as long as two hours at a time, you can begin to take him to the bathroom at reasonable times, such as before and after meals, before and after naps, at snack time, and so on. It is best to be tactful and easy about this. A child naturally resents being interrupted in the middle of his play to go to the bathroom, unless he is aware of the need himself and really prefers to be dry.



Putting the youngster into training pants during the day is a good idea at about this time. Training pants are easier and quicker to manage in the bathroom than diapers and the child finds it easier to do the job himself. Training pants are also more uncomfortable when wet than diapers, and this also helps the child to become aware of the convenience of the bathroom. Many

mothers change their young children to training pants for the daytime as soon as the children begin to walk, for these reasons and also because walking is easier in little pants than in bulky diapers.

Many parents unnecessarily sacrifice a good deal of their sleep in the effort to keep a child dry at night. Picking him up does not "train" him because he will still wet until he is able to stay dry. The most you accomplish is to keep his bed dry a little longer at night than it might be otherwise. It is still likely to be wet in the morning.

When picking up the child at night means a loss of sleep for parents the job is not really worth while. It is not worth while if it upsets the child's sleep, either.

Wetting Accidents

Wetting accidents are to be expected all through the early years of childhood, even after the child has developed quite good control. A child may wet when he is excited or absorbed in play, when he is startled or frightened, or when he is upset.

A child has so much to learn that when too much is expected of him he becomes worried and upset and drops one of his new skills, often urinary control. Moving, a new school, a new baby in the family, sickness or any number of changes in his life can also cause him to slip back.

Excessive Wetting Accidents

If your child still has wetting problems a age four, ask your physician to give him a thorough physical examination. Organic disorders are responsible for bed-wetting in not more than approximately one in fifteen cases.

Should no organic disorder exist, wait unil your child is almost ready for school. Most children are ready to give up bed-weting by the time they start school. If your hild does not stop then, look for emotional auses.

This does not mean your child is necesarily disturbed. It is not at all rare for perectly normal children to show such tempoary signs of nervousness as reverting to weting. Such traits are often part of a child's eneral behavior pattern, particularly if he s impulsive.

Recent studies show there is a definite orrelation between such common problems thumb-sucking, nail-biting and bed-weting. The physician may prescribe an anti-epressant or tranquilizer. But these are ever to be taken unless prescribed by a hysician.

In a smaller number of cases, the bedretting can be traced to a specific emotional pset. First, it must be determined if the hild has ever stayed dry during the night rif he had been trained and then went back bed-wetting. The child in the latter intance is more apt to have an emotional roblem. The child who has never stayed ry simply hasn't completed toilet training.

If your doctor helps you establish that an motional upset is contributing to your hild's problem, he may refer your child to guidance clinic, psychologist, or psychiatist. If he does, follow his advice.

Last Words about Weaning

It is not uncommon to find three and our-year-olds still drinking from bottles, at ast at night. Children do need the sucking sperience at least until the beginning of the second year. But if they stay on the bot-

tle too long, there is the danger that they will become too attached to it, and weaning will become unnecessarily difficult.

Many children can begin to give up the bottle before they are 18 months old. But weaning should be a gradual process, one in which each parent finds for his own child the way that is neither too fast nor too slow. A child's resentment against the person who takes away the bottle is lessened if the cup is introduced before the nipple is taken away altogether.

During weaning, a little extra cuddling and attention should help. It's wise, too, not to stress toilet training at the same time weaning is going on.

The night bottle should be kept longer. A child feels less secure at night and is entitled to be treated more like a baby then. But it is quite possible to remove the night bottle before the end of the second year as well.

To make the transition more simple, provide a substitute for the bottle. Give him a special cup or glass (unbreakable) or disguise the milk with vegetable coloring or a light flavoring. Once the child is used to the daytime cup, introduce it at night, too. His milk intake may drop off, but he's apt to make up for it by eating more of other foods.



It's not a good idea to wait until the last bottle has been broken to stop feeding. The transition is too drastic.

Weaning, when well carried out, seems often to bring about an increase in development. Some babies' speech improves and their activities and skills increase.

Birth Order

First child? Second child? Last child? Only child?

Investigation now seems to indicate that tendencies toward many traits can be attributed to birth order. Of course, each child is an individual and evidence is not always conclusive, but enough is now known to give parents some help in raising their children.

The Eldest Child: Interestingly, all the early men in space were either eldest or only sons. All possessed qualities of dedication and courage. Eldest children, the closest to their parents, tend to be serious and responsible.

They boss their younger sisters and brothers, yet feel dethroned as each new youngster comes along. Frustrated in attempts to regain their original status with their parents, they may become anxious. And as the confidants of adults, they very early scorn childish things.

Being a first child has marked advantages and disadvantages. The father is usually more authoritative with his eldest son and is eager to foster his skills and talents. Consequently, more is expected of him and, as a perfectionist, he expects more of himself. Sometimes so much is expected of him, he just gives up.

Firstborns tend to be introverts, more subject to asthma than later children, and more inclined to suffer from anxiety. They score higher than laterborns for abstract, meaningful verbal intelligence. While intelligence does not seem to be appreciably related to family rank, firstborns do excel in intellectual achievements.

They are serious, conscientious, studious, creative, and more apt to be admitted to top

colleges. Shakespeare, Milton, Byron, Keats, Shelley, Einstein, George Washington, and Sigmund Freud were all first children.

The Only Child: Often pampered and protected by his parents, the only child is more apt to be ill at ease socially. He may find it even more difficult than a firstborn with siblings to live up to his own and his parents' expectations.

The Middle Child: By the time he comes along, his parents are more relaxed. And unlike the eldest child, he does not feel as dethroned when younger children arrive. He escapes much of the intensity of parental concern and seems to avoid overdoses of restrictions. In some ways, he has more chance to be himself.

Middle children are often less interested than first children in parental approval. Their problem is trying to compete with the eldest child and to imitate the baby. Mother doesn't like that. Always trying to catch up with someone, they work harder, sometimes succeed. Weary of being bossed, later they may rebel against authority.

Middle children get along better with their friends. They often excel in sports.

The Youngest Child: Not threatened with the problem of losing their parents' love to new babies, youngest children are often optimists. On the other hand, they run the risk of being perennial babies to their families and are often spoiled. Some are unfortunately called "Baby" for years.

The youngest ones often like animals because they can be bossed, even by a baby. In later life, they often rebel by choosing vacations different from anyone else in the family. Used to the spotlight, they sometimes become actors or politicians. The smallest in the family for so long, they get used to

neeting challenges, and often excel.

As youngsters, they are more disposed to emper tantrums, bedwetting, and may even ave nightmares past the age of twelve. As dults, they are more apt to have duodenal leers. They also develop twice as many inectious diseases as firstborns.

What can parents learn from these reearch findings?

- Don't overburden your eldest child rith errands and chores. If he's too domiceering with siblings, make him understand hat all his brothers and sisters have equal ghts. Encourage him to join a group in which he can express himself.
- Don't keep babying your youngest. Telp him understand he can't get away with verything just because he is the smallest. Treat him as a member of the family without becial privileges.
- Try to draw out the positive potentials your middle child. He may not be a budge scientist as your oldest is, but remind im he's a fine swimmer or whatever he's good at.
- Play no favorites.
- Be sure that your only child plays with ther children. He can profit from nursery shool and camp. Think about getting him pet. It will make him feel he is needed.
- Give every child a chance to work out is own identity.

Make Your Home Child-Safe

Home is where most accidents occur. And ost accidents to children are the result of it one event but a chain of them. Prevent at chain from forming.

Here's a typical chain of events that has I to many an accident. Mother is ill (or



This is a dangerous way to leave a pan on a stove. Always turn handles away from the child's reach.

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pregnant or emotionally upset.) The youngsters are hungry but Mother waits until Daddy comes home to prepare dinner. Mother, after a sleepless night, falls asleep over her sewing. The toddler makes a snack of a bottle of tasty, orange-flavored aspirin.

Mother should have given the youngsters a cold snack. Many accidents occur to children before mealtimes. Mother should have had the toddler take an extra nap and taken a catnap herself, a wise precaution on days that are difficult. And, of course, she should have put the aspirin safely out of her children's reach.

An alarming number of accidents occur

too, when a mother is rushed. One survey shows that more accidents occur to children on Saturday betwen 3 and 6 p.m. than at any other time of the week.

Many accidents also occur when baby sitters, and, surprisingly, that includes nervous grandmas, are on duty. Parents also forget that pre-school children's memories are short, and explanations and warnings against sharp knives and lighted matches are quickly forgotten. Children should never be left alone.

Here are some of the ways in which you make the house safe for a young child:

- 1. Put all dangerous objects out of his reach. This includes knives, scissors, needles and pins, razors, tools, opened tin cans, china, glassware and everything sharp or breakable; poisons, medicines, cleaning fluids, insect sprays, paint, cosmetics, shoe polish, ink, cigarettes and tobacco; matches, cigarette lighters, hot pots, bleaches, detergents, and containers of hot liquid.
- 2. Remove or fasten up out of reach all hanging and dangling temptations for a child to pull things down on himself. A tablecloth hanging over the edges of the table, a dresser scarf, the cords of shades and Venetian blinds, window curtains and draperies that are not strong enough to hold if he should pull himself up by them.
- 3. Have guards on windows, and open windows only at the top. Have gates at the top and bottom of stairs and at the top of porch stairs until the child can go up and down safely by himself. Keep the fireplace screen in place.
- 4. Put away tippy tables and standing lamps for the time being, along with your more precious household belongings. Or make a lamp or table safe by wedging it behind a sturdy piece of

furniture.

- 5. Cover electric wall sockets that are not in use with plugs made for the purpose, or with adhesive tape. Be sure lamp cords and wiring are all in good condition, and as far as possible out of reach or sight of the child. In the modern home, cords and wires are among the first "don'ts" the child has to learn. Refrigerator, stove, home laundry, and other appliances are out of bounds for a young child from the first time he investigates them, and every time thereafter. If possible, have your stove equipped with safety knobs that cannot be turned on by a child.
- 6. Keep all small objects away from a young child who is still putting things in his mouth, or things he might put up his nose, such as beads, buttons, peas, beans, nuts, popcorn and hard candy. Electric appliances are tempting to a child, but they can be dangerous.



Metropolitan Life Insurance Co.

- 7. Keep the creeping baby or toddling child out of the kitchen when food is being cooked or served, and, if you can, keep him off the kitchen floor and safely latched into his high chair or low chair, with pot covers and spoons to keep him busy. Keep pot handles turned away from the front of the stove; this is a good general rule for everyone to observe, with or without a young child in the house. While you cook and serve, put containers of hot food, knives, and anything else that is unsafe for the young child to touch, well out of his reach on the center of the table.
- 8. When cleaning or scrubbing is going on, with pails of water, and open bottles and cans of ammonia, furniture polish, and similar materials around, it would be good, if you can, to put your youngster somewhere else entirely. Put him either in his playpen or on the porch or in the back yard, if you have one and it has been made safe for him. Or perhaps you can



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Safety-gates are necessary in the home where there are young children.

manage to do such chores when the child is napping.

- 9. Have a gate at the top of the porch steps, or a fenced-in area in the back yard where the child can be safe.
- 10. Never leave a young child alone in the house for however short a time, even just long enough to run over to your neighbor's. If you are going out, be sure you leave someone in charge who is capable and dependable.
- 11. Stay with your child while he is in the tub.
- 12. Be sure hot pipes and radiators are insulated.
- 13. Keep all radios and electric appliances away from the bathtub.
- 14. Keep clotheslines above children's reach.

"Don't": Ways of Saying It

However safe you have made your home, there will still remain some places where your young child may not safely go and some objects which he may not safely play with. Lamp cords, refrigerator door handles, hot water faucets, and ordinary knobs on stoves are out of bounds for him. How do you teach him not to touch?

The best way is to pick him up bodily, but not abruptly, and take him out of danger, and at the same time give him something else to play with that is interesting to him and also safe. You can say "No, no," at the same time, but words alone are not effective. The young child still does not depend very much on words. Action is his language.

Show by your tone and your action, that you are on his side, looking out for him. You must keep him safe, but you also want

You must keep him safe, but you also want him to play and be happy. You say this to him by taking him away from danger and also by giving him something that is interesting and safe to do instead—and by doing it lovingly.

Safety in the Car

It is heart-warming to see a father and his toddler "steering" the family car together. But don't let your desire for family togetherness carry you away. According to the U.S. Department of Health, Education and Welfare, car carriers with plastic steering wheels are not only unsatisfactory safety devices, they can, should an accident occur, cause serious facial lacerations.

Somehow, in the nationwide drive to increase safety on the highways, the very young have been overlooked. There is no simple solution to safety-anchoring babies under nine months and the National Safety Council does not recommend the standard safety belt for youngsters under four. With their short legs and high center of gravity they could easily be thrown up and out of a belt.

Most authorities agree a well-padded bassinet secured to a car seat is the best protection for babies under nine months. Some also recommend a netting fastened across the bassinet. The bassinet should be placed in the rear of the automobile. But here there is a difference of opinion. Some recommend placing the bassinet on the floor; some recommend strapping it to the back seat.

Safety harnesses or safety seats offer the best protection for children from nine months to five years. These, too, should be attached to the rear seat. The harness is less expensive than the safety seat and allows the

child to sit, stand or sleep. A good harness strap fastens around the chest and pelvis rather than the waist and is anchored to some structure of the car rather than to just the back seat. Read the label carefully to be sure the one you select meets federal safety standards.

Since 1973, car seats have been under regulation by the federal government. Manufacturers are not permitted to market products that do not meet rigid federal standards. There are several infant carriers and seats for toddlers available that are highly recommended by safety experts.

Remember never to hold an infant or child on your lap in a moving car.

Once a child weighs 50 pounds he is ready for an adult belt. Place a cushion under the child if the belt is too long but never use one strap to secure two children. They could bump heads and limbs in case of an accident.

This child is well-protected.

G. M. Loveseat



Safety Out-of-Doors

City street, country lane, suburban sidewalk — each presents its special dangers. Mothers face the constant challenge: how to protect their children from every possible langer — yet not wrap them in cotton bating.

The city mother has perhaps the most difficult problem. Traffic makes street play mpossible. Asphalt increases the seriousness of play accidents. And parks and play-grounds can lull even the most conscientious mother into a false sense of security.

The city mother who glues her child's hand to hers all the way to the park, often eleases it the second she arrives at the play-ground. She sits down to chat or read a book and the next thing she knows her youngster has been hit by a swing, inhaled a berry or been beaned by a fellow sandboxer. Denanding as it may be, a park mother must never completely relax.

In the comparatively serene suburbs, oung tricyclists should be warned of the langers of cars backing out of driveways, the perils of investigating tempting pipes just aig enough to crawl into, and construction ites.

A fenced-in area is the safest place for a country toddler. Country mothers should ake a fresh look at the beauties of their atural surroundings. Babbling brooks, conds and barns should be put out of counds. Wells and cisterns should be covered over. And, somehow, dangerous climbing places such as steep cliffs and crumbling ralls should be fenced off.

Just telling a child not to run across a usy street or a highway is not enough. You nust set a good example from the time he is ld enough to go walking with you. Hold his

hand firmly when you come to a curb or crossing and don't let it go until you reach the other side. Always look in both directions before starting across and wait until the light turns green, if there is one. Never cheat and dash across when a child is with you, even if there are no cars in sight.

Learning Involves Some Dangers

In addition to environmental dangers, there are also "achievement" dangers, the spills and scrapes most children face learning to ride a tricycle, bicycle, pony, horse. How does a parent know when a child is ready to skate, surf, or ski?

There is no set answer. Each mother must know her own child. Some youngsters are competent on a two-wheeler at four while others are still wobbly at six or eight. Often a child's own fears are a good index of what he can and can't do. Never push a child to acquire skills beyond his immediate ability—water skiing at six, for example. What is over-protection for one child may not be for another. An active youngster is more liable to accidents than a placid one. Timid children usually get into more scrapes.

Don't feel overly guilty about over-protecting your child, however. If you feel something is dangerous for him, be firm in prohibiting a certain activity. In case of doubt, weigh the results of a possible accident. Will the worst that can happen be a tiny scratch — or a concussion?

If you are the nervous type and know that your fears are exaggerated, don't prevent your child from learning a new skill. Let him learn under an expert instructor's supervision. Remember, play fills some 3,500 of the 8,760 hours in a child's life. Let him enjoy as many of these hours as possible.

How to Cope with the "No" Stage

Two to three is a "No" stage for parents as well as for youngsters. To minimize the times you have to be negative, put away or out of reach your precious possessions. Give youngsters a place where they can play. Rope off your living room if it is off limits for your little ones or go along with inexpensive furniture while the youngsters are small.

To minimize the times they are negative, don't make unrealistic demands. A three-year-old isn't ready to put away his blocks by himself. Don't give a child choices when he really has none. Asking a child if he'd like a bath when you know he must have one is silly. If he says "No" then you must insist and a battle may ensue. It is better to say "Bath-time now," pleasantly.

Left or Right Hand?

Only five to ten percent of all children are left-handed. Babies use either hand without much emphasis on one or the other, but usually by the time they are two they begin to show a preference. They reach, pick things up, take the spoon or cup with one hand rather than the other.

Left-handedness seems to run in families and to occur more often in boys than in girls. In the past, some people thought there was something wrong with being left-handed. The word, "sinister," comes from the Latin word for "left." It is not a defect, only a difference, and sometimes an inconvenience. So many tools, sports articles and gadgets are made for the right-handed.

Forcing a young child to use his right hand makes many skills more difficult for him to learn, and may make him uneasy, tense and nervous.

When he gets to school, he may dislike being different or he may find his left-handedness too inconvenient. If he wants to change, there is no reason to discourage him and every reason to help him.

There is one possible danger. It now seems that the establishment of dominance early in childhood is much more important than whether a child is right or left-handed. Dominance is a brain pattern which makes one hand stronger or preferred.

Developing not only a dominant hand but a dominant eye, foot, or side of the brain to control speech is necessary to avoid rivalry between two sides of the body when a complicated physical or mental skill is being learned.

When a child does not show preference for a particular hand by the time he is three, this may be a warning he will have trouble reading. Some children may appear to be ambidextrous but usually their coordination is not good with either hand. The lack of dominance seems to make it difficult for such a child to discern direction in letters when he gets to reading. This may call for professional help. (See page 196.)

Learning to Speak

Long before a child speaks, he communicates in his own language. He cries, snuggles, curls his toes or wriggles his torso to express pleasure or displeasure.

A baby's first "da da" ("ma ma," which is considerably more difficult to form, comes later) is not the beginning of his speech studies. From the first weeks of life, perhaps even in the womb, which we now know is not impervious to sound, the baby tries to break that strange signal code, speech.





This little fellow has something to say, so he's saying it.

At birth, an infant's ears already are funcioning well. He can identify his mother's voice long before he can identify the features of her face. He also understands language ong before he uses it.

Some children talk early and some late. Some say many words at the beginning of the econd year. Others speak only one or two words at 18 to 20 months. On the average, nost children speak by the time they are 8 months old, but many do not talk well intil they are three.

When a child begins to speak is no evilence of his intelligence. He may be too

busy learning something else to work at talking for a while. Or he may be listening more than practicing. A child who has not given much sign that he is trying to talk sometimes comes out with an almost perfectly formed word, and soon afterwards he is talking at a great rate.

Actually, a child's speech develops on two different levels at the same time. One is imitative. If a mother holds up a watch and says "tick-tock" the child will imitate. But he also uses familiar words like "Mommy" and "Daddy" to cover a wide range of meaning. "Mommy" covers a whole wide variety of wishes, the desire for a toy or food as well as Mommy's presence.

Speech, one of the most complex of all human skills, takes considerable effort on the child's part and a great deal of practice. The baby needs all the help and encouragement he can get from other people. Surround him with speech, soft-spoken speech. The child who is not helped to speak suffers a severe handicap.

Baby talks at first by crying. Later, he discovers he can gurgle and coo. Encourage him to do this; it helps him develop control of his voice. Eventually, he makes more varied sounds which range in pitch from low growls to high squeals. Next, he repeats syllables over and over again.

If you listen closely, you will notice how much your baby likes to talk to himself. But even better, he likes to talk to you. You're communicating not only words but love. When your baby is in a babbling mood, repeat each sound he makes. He enjoys playing the talking game and it is excellent practice for him.

He'll also chatter delightedly to stuffed animals with smiling faces. A radio, turned on low, also encourages him to study his sounds.

By eight months, he may respond to his name. Now is the time to identify objects in picture books or while you are feeding or bathing him: "cow," "house," "milk," "glass," "head," "toes," "fingers." When you speak to the baby,talk as naturally as you would to an adult. It will confuse him if you use baby talk or imitate his mistakes. He wants to learn to speak the way you do so that he can be closer to you.

Speak to him, too, about things that interest you. If you talk just to make sounds, he

will recognize your boredom and may decid speech isn't really worth learning after all.

Lucky is the baby who has an older brother or sister to help him in his speech studies. Children have more free time that their parents and their vocabularies are not as large or confusing. Some students of speech believe other children can help to baby in this phase of his development even more than his parents can.

Baby Talk

A child leaves out the hard sounds or substitutes easy ones. He puts on his "s'oo, plays with his "wabbit," and drinks h "dooce." Little Ruthie calls herself Oof and her brother Billie becomes Bibbie. This baby talk at the right time and place an needs no correction when the child uses i but it is time for others to stop talking bab talk to the child.

In general, however, it is a mistake t stop or interrupt a child in order to corre his speech. It takes a most complicated of ordination of nerves and muscles to form single word. These mechanisms work for the most part unconsciously. Calling child's attention to a mispronunciation makes him self-conscious and uneasy. If h is not yet able to pronounce the sound ar better it makes him feel confused and help less as well. A child who is pushed to spea or constantly corrected or interrupted, ma develop hesitancy in his speech. Most speec difficulties in children are caused not h physical or other disabilities but by pressu and strain during the years of learning speak.

A child may continue to talk baby ta if grown-ups talk this way to him, or if fuss has been made about how "cute" it metimes a child lapses into baby talk nen he is upset or a new baby is getting a family's attention and admiration. If he generally happy and getting enough aftion, if his parents talk to him and treat m as a person, not as a baby, he will get er it by himself.

Stuttering in a Young Child

Between the ages of two and three, boys d girls, more often boys, stumble over eir words or repeat words or parts of them. s a mistake to consider these temporary fficulties speech defects. A child whose aring and speech organs are normal gets er these minor difficulties in the course of velopment if he is not made self-conscious. Two and three-year-olds are trying very rd to learn how to speak. They are atnpting to make up longer sentences and press new ideas and find it difficult. Somenes the ideas come faster than the words. The tendency to stutter seems to run in nilies and seems to have much to do with child's emotional state. Some children atter only when they are excited and the nptoms are markedly aggravated when the other herself is tense. Children are further istrated when mother doesn't really listen them and simply mutters, "unh huh."

A child often stutters when he is excited frightened or because he is afraid that at he has to say will bring punishment disapproval on him.

Continued or frequent stuttering or other ficulty in speaking may be a sign that the ild is not able to talk easily with his parts. He may feel his mother is too busy to ten to him, or that his father is not intested in what he has to say. If he has often the tet with impatience, boredom, perhaps ir-

ritation when he has tried to talk to his parents, or if he is frequently interrupted or the sentence finished for him because he is slow getting the words out, then he has good reason to be hesitant in his speech.

Parents are often surprised when it is pointed out to them that they really do not give their child much opportunity to talk to them in a leisurely, friendly, two-way conversation. Considering how thrilled they were when the youngster uttered his first word, it is surprising how little time they give to listening when he is really able to talk!

Stuttering can be a serious handicap if it persists, but it is easy to deal with in the child's early years. Listen to what your child has to say to you, without stopping him or correcting him. Don't make him repeat the word he finds hard to say. Let him feel that you are interested in what he is saying, not in how he is saying it. Don't tell him to slow down or take his time, because that makes him self-conscious too. Instead, slow down a little yourself to give him the feeling that there is plenty of time for everything, and show him by the way you listen that you are friendly, interested, and at ease. Comfort him if he is upset or frightened about what he is telling you, and don't pump him with questions. Let him talk in his own way and at his own speed. See to it that other grown-ups and older children in the family do not correct the child or shame him by making fun of him or mimicking him.

Stuttering is sometimes one of the signs that a child is missing something in his life or is worried or hard pressed about something. In the past, stuttering was thought by many teachers and parents to be a result of changing a left-handed child to right-handedness. The strain of an enforced change of this kind or of other pressures may show itself in a speech difficulty as well as in other signs of nervousness and tension. Children have been known to stutter for a brief time after a severe illness or some other crisis.

If stuttering is really marked and continues, it is well to get help for the child before he starts to school. Families may be patient and helpful, but children at school may be unkind and the stuttering child may become upset because he is different from his classmates in this respect. A child guidance clinic may be available to you, or else your doctor can suggest how to find a good remedial speech teacher.

Clothes for the Toddler



The toddler is happy in clothes that meet three requirements: They have to be easy to get on and off; they have to give him freedom to move; they have to be sturdy enough to take hard use and give him some protection from bruises and scrapes. Mother is happy, too, if her young child's clothing is tough enough to last and easy to launder so that she does not have to add still more "don'ts" for the sake of her child's clothes.

During these years the child tries hard to learn independence and self-reliance. Naturally you want to encourage him as much as you can. Dressing and undressing are among the many things he wants to do for himself. He wants to pull off his own socks and shirt, put on his own shoes, learn to zip and unzip, button and unbutton, tie and untie. Don't expect continuous improvement though. His enthusiasm for dressing himself may wane or, at times, disappear altogether. He may often prefer to daydream or dawdle. In any case, mothers must remember that even the simplest of dressing operations are hard for little fingers to learn. You will be helping him best if you make it as easy as possible for him by giving him clothes that go on and off easily, with large neck openings and armholes, big buttons and buttonholes, zippers that work smoothly, and fastenings in front where they are easy to reach.

There is no harm in dressing a toddler up once in a while to please yourself, but for every day keep your little girl or boy comfortable with sturdy play clothes and spare yoursel work and nagging.

Shoes: When and What Kind?

A child really needs shoes only when he begins to walk. Socks, booties, and bare feet a good deal of the time are most comfortable for a baby. Once he is out of his crib however, and creeping or standing, most mothers feel the child needs some protection for his feet. Baby shoes with soft soles and soft leather tops are good at this time.

For the child who is beginning to walk, shoes with semi-soft soles are generally recommended by the doctor. High shoes that lace to above the ankle are better for the young child than low shoes. Sandals and oxfords are not advised until the feet are well developed and the child is walking and

unning well. All shoes from the baby shoes onward should be roomy enough to give full play to the toes and foot muscles and to allow for growth, but not so large that they make him uncomfortable or unsteady on his feet.

Children often turn their toes inward or outward when they begin to walk. Someimes a doctor will prescribe shees with wedges in them to help the child's foot nuscles develop well. For this reason it is a good idea to have the doctor see the child at the time when he is beginning to walk, and decide what kind of shoes he should have.

Getting Dirty



Expect your little girl or boy to get dirty. It is a necessary part of childhood. The young child does not have the skill and the muscular coordination to keep himself and his clothes from getting stained with food or paint or anything he is handling. He often falls and gets himself dirty, if not or bruised as well. He needs the freedom to olay with mud, to splash water, to roll and numble on the ground or floor. If your young child is to get the full joy and benefit of these childhood years, he will have to get himself and his clothes dirty and create a certain amount of dirt and mess around the house.

Indoors, give your child a clear space for ating and for play, with no carpeting or good furniture within spattering distance.

Painted furniture and bare or linoleumcovered floors are easily washed. Many parents of young children keep washable slip covers on their good upholstered furniture.

Dirty hands and muddy shoes will still leave traces on woodwork, furniture, and floors. When you have young children a certain amount of dirt and damage have to be taken in good spirit.

The habit of cleanliness, like the habit of neatness, is learned by children much later, when they can understand the reasons for it and when they themselves prefer to be clean. In time they will learn cleanliness from the example of their parents and the way the family lives.

Constantly warning a young child not to get dirty, or punishing him when he does get dirty is almost certain to make him into a rebellious child or a timid fussy one. An excessive fear of dirt leads to a variety of unattractive and unhappy personality traits.

It is reasonable to want your child to be clean for eating, going to bed, and for visits and other special occasions. This can be easy and pleasant if the child's mother or father helps him wash up and makes the task a sociable time of getting quieted down after play and ready for meals, visits, or bed.

What Play Means to the Young Child

To the young child, play is a serious matter. It is both his learning and his work. It is school and job rolled into one. Through play with toys and materials he learns all kinds of necessary skills. He learns to use his hands, his body, his strength, and also to develop imagination, judgment, and rea-



Play is a child's whole existence: his recreation, learning, and work.

soning. Through play with other children and with grown-ups he learns how to get along with people, how to cooperate and how to compete, how to settle an argument, how to be fair and considerate and how to stand up for his own rights.

Play gives the young child his opportunity to learn about the world he is preparing to live in, and to practice the grown-up activities he will one day undertake. Also, psychologists now know, play gives a child a chance to blow off some of the strong feelings that he cannot be allowed to expres directly, such as the anger that makes him want to hit and scratch and bite, the jeal ousy that makes him want to snatch for him self, the frustration that makes him want to break things and hurt people.

What Kinds of Toys?

Parents who realize how important plais to the young child may wonder whether this means their little girl or boy needs

ot of expensive toys. Just the opposite is rue. The simpler the toys, the more the child can work with and learn from them.

Complicated mechanical toys that imiate grown-up machines, such as wind-up automobiles and elaborate electric trains, to not help the child of toddler age to play at being grown-up. The elaborate toy truck may look just like a real truck in every deail, but it takes a grown-up to wind it and when it is wound it runs across the floor and that is all.

The child will do better if he makes a ruck for his purposes out of blocks of differnt sizes. He can push this imaginary truck cross the floor to where he wants to deliver he imaginary milk to the imaginary people. He can pull and push things around to be nything he wants them to be. Empty boxes an be filled and emptied again, fitted together, stepped in or sat on.

When the child is ready for it, it is worth while to invest in a sturdy tricycle, a wagon hat he can ride in as well as pull, and a ew pieces of well-built equipment for the ard. A good deal of the child's play equipment can be home-made. Many fathers njoy spending some of their leisure time building a sand box, swing, climbing lader, see-saw, or slide for their children.



When buying toys for your young child good rule is to choose sturdy, simple toys hat meet his growing need at the time but will lend themselves to many purposes and will also take hard use. Bright pretty play-

things are attractive but you will be wise to avoid those toys that are fragile and easily chipped or broken, with the danger of rough edges, splinters, and fragments that a young child may put into his mouth.

Toys that break easily are frustrating to the youngster. He becomes discouraged as a workman becomes discouraged when he must work with poor tools. He also loses respect for the value of things. Children rarely break or destroy things deliberately. When something breaks it is usually the result of accident or the child's inexperience and lack of skill. But occasionally they do, in a burst of rage, destroy something purposely—either their own or yours.

Young children love soft cuddly toys.



Ellen Marsh

When a child breaks something he is usually upset, whether he did it accidentally or in anger. But the repeated experience of toys breaking because they are too flimsy will end by giving him the feeling that it is impossible to keep things from breaking, so why try? One way to help your child learn to be careful with his things is to give him toys that stand up well under rough usage.

Pots and Pans

The young child can have as much fun with utensils and materials around the house as with especially bought toys. For the one-year-old in his crib or play-pen a nest of saucepans that he can fit one into the other serves the same purpose as a nest of hollow blocks. He will be kept busy for long stretches, enjoying the growing skill of his hands and his judgment of sizes and space. He wants to use his big muscles, and he likes to make rhythmic noises. Let him have pot covers and kitchen spoons that he can hammer and bang. The pots have the added attraction of being something that Mommy plays with, too.

When he begins to crawl and then to walk, toys that he can push and pull give him the satisfaction of using his new power to get around under his own steam. He may discover that he can push his own small chair or a kitchen stool across the bare floor. He will pull a pot tied on the end of a string. A push-and-pull toy with a bell that rings or a duck that quacks as it goes often gives the little boy or girl of this age great pleasure. A large ball can be rolled back and forth on the floor in a game with Mommy or Daddy.

Water is also an endless delight to the



Learning to play means learning to live.

young child. He can play with floating toys in the bathtub, and he loves to have a cup to pour the water over himself. When he is old enough to manage without getting too wet, a basin or tub outdoors (in warm weather) serves many purposes.

Play Materials for Growing

Toys that serve as the raw materials of play give the child freedom to use his imagination. They serve many purposes and last through many stages of his growth, and are thus a good investment.

A bag of unpainted blocks of varied sizes can be useful from playpen age right through

indergarten and even first grade. At eighten months your child may be merely pushng one block around or putting one on op of another. At four or five the same child nay be building cities, farms, airports and actories out of blocks, using them as trains, lanes, and boats, carting them around as rates of produce or freight loads. At these ges, a collection of small automobiles, lanes, figures of people and animals and ther realistic small objects are useful to him n his play. An addition to his supply of blocks will be welcome from time to time, and give him more scope for his building. Clay, paints, wood, and the tools to work t with are real raw materials. They are also alled creative materials because they give ne child the opportunity to express his feel-

ngs and ideas in forms that he invents for

himself. A child painting a picture is learning to use his muscles and his eyes. He is also gaining control of his knowledge of the world around him. At first he can only splash paint. Gradually he learns to judge space and color, and in time he uses his tools to represent his ideas. His picture of Daddy or of a building or a plane may not look at all like the original; but by painting something he has seen or imagined, he is organizing his ideas about it, how it looks, how it is made, what it is used for, and how he feels about it. When he puddles in clay, and when he is sawing or hammering a piece of wood or cutting paper or making constructions of whatever material he may have at hand, he is both learning many skills and reviewing his growing store of knowledge and experience.



A child learns from playing with animal pets.

A. Devaney, Inc.

These materials also help him with his emotional development. Squeezing and pounding clay, hammering wood, splashing strong colors on a big piece of paper—these are all good ways of getting some of his strong feelings out of his system.

Crayons and paper cut-outs are good although they do not give the child as much freedom and satisfaction as paints or clay.

Many parents would like to give their children paints or clay to work with at home but are afraid of the mess it will make in a small house or apartment. One good way to give children these valuable play experiences is in a play group or nursery school; but they need this kind of activity at home, too.

If space is available in the child's room or some other room in the house, some simple practical arrangements can be made to limit the mess. Poster paints come in good bright colors and are easy for the child to work with, and the stains are easily washed



Brush-painting is a very satisfying occupation to this boy.

B. Binzen

out with water. Since they are water paints and inclined to run, the child can work better, at first, on the floor than on an easel. Spread an area with newspaper for him to lay out his paints and paper, and give him large sheets of newspaper to paint on. He should have large brushes and only two or three colors to begin with. Later as he develops more skill he can use more colors and, if he wants them, brushes of different sizes.

An easel can be made by hinging two pieces of plywood together at the top and separating them by a stick of wood at the bottom. This can be stood on a box, which will also act as a shelf for the paints and brushes. Tack the paper to the easel with thumb tacks or sticking tape. The child can have two brushes for two different colors, until he learns to rinse the brush in his water jar before dipping it into another color. Put an apron or smock on the child when he paints.

Plasticene is a clay-like material which does not harden and can be used over and over. It serves the young child very well. Real clay is more satisfying when the child is older, because he can keep his finished clay work if he likes it. Clay must be kept moist, and you will need a jar or crock with a cover to keep it in. Spread paper on the floor and on the table where the child works, and put an apron on the child, to keep the messiness at a minimum. Clay washes out of clothes and washes off painted furniture easily when it is fresh.

In families where the father has a workbench, the little boy or girl can be given wood to work with at a little bench in Dad dy's workshop. Otherwise it may be possible to rig a small sturdy table of the right heigh with a vise and the first simple tools. A wooden mallet, some roofing nails, and soft wood to work on, are enough to begin with. By kindergarten age a small but sturdy saw can be added, and later whatever tools the child seems ready and skillful enough to use.

Children and Art

At about age two, most children begin to scribble. Parents aren't elated because the results aren't meaningful to them, but these curlicues are very meaningful to their children.

By age three, youngsters are often drawing circles, ovals, squares, and triangles. Then some time between ages three and four a dramatic breakthrough occurs. Youngsters draw something that adults can recognize and their parents are ecstatic.

Quite understandably, parents lavish praise, ask questions, offer guidance—and run the risk of stifling creative spirit. Children who are left alone to draw what they like develop a store of knowledge which enables them to achieve their final self-taught art. Many children lose interest in drawing after the first few years because they are not given the chance to develop freely.

Scribbles are the building blocks of children's art. When a toddler looks at what he has created, he is Leonardo Da Vinci contemplating his Mona Lisa. Don't be like the teacher who asked a child what he was drawing and was answered, "How do I know antil I am finished?"

The critical period in a child's art comes between ages five and seven. The child who feels free to draw will continue to grow in creativity. Actually, there is a tremendous

creative impulse both in the child who eventually becomes a great artist and the child who becomes an accountant. But too often both may lose interest at this age because they are prodded into molds by adults.

Dolls and Toy Animals

Dolls and toy animals are important toys for children from a very early age, sometimes right into their teens. The teddy bear, rag doll, or woolly rabbit may be torn and tattered but it still serves a purpose. It is loved and punished, fed and put to bed and nursed when sick. It is a comfort to go to sleep with and wake up to, to take on journeys and keep close in new surroundings.

Little boys as well as little girls go through a period of playing with dolls, and it is valuable to them and should not be discouraged. Dolls serve to help children practice being fathers and mothers. Children also play out their own feelings about their parents, brothers, and sisters. Parents are sometimes surprised by the severe spanking and punishment a child will serve out to a doll when he himself is rarely spanked or punished at all. In their play children act out not only their real experiences but also many imaginary ones.

The young child does better with a simple doll and doll clothes than with an expensive doll, wardrobe, and accessories. If your little girl is given a fine doll for a present during her toddler years, better put it away until she is old enough to really enjoy it. A doll that she cannot handle as she pleases without breaking it is not satisfying to the one to four-year-old.

Play Space and Toy Space

Space where he can play in freedom and safety is as important to the young child as his toys and play materials. Your home will be less disturbed and your days and the child's will be pleasanter if you can set aside a good clear space of a few square feet which belongs to your little girl or boy and is not used for anything else except the child's play and playthings. A linoleum floor is most practical, but a smooth painted wooden floor will do. If the floor is cold, a small washable rug can be put down, but most of the toddler's play needs a smooth floor.

Toys are best kept on open shelves low enough for the child to reach. If space is limited and some things must be placed on a higher shelf, put only lightweight or small toys up high. A useful piece of furniture in his room, for reaching a high shelf and for many other purposes, is a sturdy low stool or box. A toy chest is good for a jumble of things that are not breakable.

If the child's play space is in his own room or upstairs, expect him to carry his toys to wherever you or other members of the family are. He wants company a good deal of the time. It will help if, besides his regular play space, he has a corner of the sun porch, dinette, or other nearby spot where he can keep a few things in a box.

How a Child Learns from Play

The young child needs space, play materials, children to play with, and encouragement from his parents, but he does not need much teaching. Most of what he has to learn he learns best by himself.

Grown-ups too often make the mistake

of teaching something they think the child ought to learn, instead of something the child wants to learn and is ready to learn at the moment. A mother tries to teach her two-year-old to share a toy with another child, because she thinks he should learn to be generous. So he should, but if you make him give up a toy before he understands why, it will not teach him to be generous. It is more likely to make him feel that everyone, including his mother, is trying to take something away from him, and so it makes him suspicious and even less willing to be generous than he would be if left to himself. Later he will learn to share a toy because he likes to play with another child, and because he sees that sharing works better than fighting.

A father tries to teach his little boy how to throw a ball properly, because he thinks a boy should be able to play a good game of ball. So every time the child tries to throw the ball, Daddy stops him, tells him which foot to put forward, how to hold the ball, how to swing his arm.

If Daddy will play ball just for playing's sake, and let his little boy throw and catch—or miss and run after the ball—the child has the good feeling of being able to share a game and enjoy the beginning of a big boy's skill with his father. A little of this kind of play goes a long way in giving a child confidence, the feeling of being approved by his parents, and the eagerness to go on learning.

Playing with Your Child

Children like to have their parents or grandparents play with them sometimes. It is one of the child's many ways of being close to those whom they love and depend



on. When you play with your little girl or poy, it is best to let the child run the show.

Much of the young child's play is preending. The doll is sick, and you must be he doctor. The chair is a train, or a bus, and you are a passenger or perhaps the conluctor or the bus driver. You make a good playmate if you do what is asked of you, but the child does not expect a grown-up to act like another child. You are still Mommy or Daddy, or Grandma or Grandpa.

You also have the right to bring the game of a satisfactory end and stop playing when you are tired or have no more time to spend. A child who is getting enough companionship with his parents and with other children can accept the fact that his mother or ather has to stop playing at some point. It

is better to play with your child only as long as you also enjoy it, than to continue when you are too tired or pressed for time or would rather do something else.

Imitation Is Learning

A mother is often surprised and delighted when her toddler wants to help her sweep or dust or make the beds, but she is soon disillusioned to find that the child has no idea of helping by doing things that need to be done. The child is interested only in doing things that he or she wants to do.

Little boys and little girls alike want to do as Mommy and Daddy do. If sweeping and bed-making are grown-up activities, the toddler wants to sweep and make beds. His purpose in sweeping is not at all to get the dirt off the floor, but to go through the grown-up motions. Once you understand this, and also understand that it is good for the child to go through these motions, you can take the offer of help in good spirit. You can give your little girl or boy a childsize broom, or the dust pan and brush, and a corner of the room to work in where messing around will not interfere with your own operations. You can give the child a dustcloth and let him dust the legs and rungs of the furniture.

Children love to play with water. You can give your child a basin of water and a cloth to wash his washable toys, in the kitchen or the bathroom before you clean those rooms. You can give him a sponge to help you wash the furniture in his room.

Children learn quite early to use tools competently and safely, if they are given the opportunity to learn with simple tools and are supervised. When you are using scissors, let your three-year-old have a small pair of blunt-end scissors to cut paper with. When Daddy is hammering at his work bench, his little girl or boy can have a mallet and wooden pegs to hammer into the holes of a peg board. Later the child can use a small



hammer and big nails (roofing nails) in a soft board. From about the age of four, little boys and girls can learn to use a small saw on a board that is secured in a vise. Most children who are given their own tools to work with can accept the fact that they may not touch grown-up tools and appliances until they are able to operate them.

When Your Child Plays with Other Children

When you watch your child play with other children, you may wonder many times whether you should interfere. Young children are neither gentle nor tactful with each other. It may seem to you that your child is being taken advantage of and is not standing up for his rights. Or you may observe that he is aggressive and pushing, taking advantage of other children, not learning to play fair.

Most children go through periods of timidity and aggressiveness, depending partly on the company they are in and partly on the stage of their own development. If your child is being bullied by a playmate today, watch and see if he is not the bully tomorrow, or next week, or with another child. If he is constantly overshadowed by older

or stronger children, it is better to get him some playmates more his own size than to interfere constantly in his defense. He will learn to look after himself without your help better if he is given the opportunity than if you are always there to take his part.

In the same way, if your child seems too aggressive, he needs companions he can't bully. Children learn best how to get along with each other without grown-up interference. Parents do need to be watchful that their child is not getting too much either of being put upon or of lording it over others. And of course they do have to step in when there is danger of anyone's being hurt in the play.

Should Children Be Allowed to Fight?

When your children fight with no toy or other object in their hands they rarely hurt each other very much. In one nursery school the rule was that fighting was allowed, but only with bare hands. Youngsters of three quickly learned to stop, drop the toy or shovel or block, and then wade in.

Children learn from each other to play fair and fight fair, to share and to take turns. With very young children a grown-up suggestion can sometimes avoid trouble. "Let Johnny ride in the wagon and you pull then you can ride and Johnny can pull." One or two such experiences pave the way for good future relations.

Putting Toys Away

Toys scattered around the house are a nuisance and they are also a hazard that can lead to falls and other accidents. How can you teach your young child to put his ings away?

A sudden direct order, such as "Put your ys away now!" usually does not have the esired effect. The toddler resents having s play brought to an end, and he is probbly tired as well. The order makes putting s toys away sound like a disagreeable ore. He cannot understand the necessity r neatness and order in the house for verybody's sake. Children do not learn to orderly with their things until they are d enough to understand the reasons for der. If the idea of neatness is hammered to them too young, they are likely either become even more careless with their ings than they would be otherwise, or se they may become finicky in a way that noys everybody. Too much neatness can as bad as not enough, and an over-neat erson is not likely to be an attractive one. Experienced mothers have found that with a young child a little friendly help in putting toys away is easiest on both the mother and her little girl or boy. Being hurried about it does not speed the job. Give yourself and your toddler enough time. Join in his play enough to see what he is doing, and help him bring it to a satisfactory end. Make the putting away a part of the play: the truck can go into its "garage" on the shelf, the boat into its "pier," the plane into its "airport." Dolls and toy animals go home to their lunch or supper, and so on.

This or any way that makes putting his toys away a pleasant experience will help the child to learn orderliness better than strict commands, nagging, or punishment for forgetting. Getting his toys safely to bed on their shelves gives him some of the feeling of safety and well being that he himself enjoys when his mother or father puts

Happy with the right kind of toys for his age.



Elaine Jorgensen

him peacefully and lovingly to bed. In time he learns to enjoy taking responsibility for his belongings, and will put his own things away most of the time if he is given advance warning in an agreeable way. He will still need help now and then, especially when he is tired or excited.

The child whose mother always puts his things away for him is likely to depend on her doing this, and he will not be so ready to do it for himself. For this reason it is best to make putting the toys away a cooperative job, even though it is the grown-up's responsibility until the child is old enough to take the responsibility himself.

Sharing

No child is born generous. He has to learn to share. Some learn sooner than others.

First a child has to learn the meaning of "mine." He has to have something which is his alone to do with as he pleases. Then he has to learn what "his" and "hers" mean—to respect the rights of others.

After mastering "mine" and "theirs," he is still not ready to be generous, because he still doesn't completely understand time. His turn, "next," seems many years away. It is only when he values the friendship of other children that he begins to learn the meaning of "ours." Sharing, he discovers, wins friends. Hopefully, he also learns that the value of a possession is increased when shared.

Sharing can be difficult for a child before he is ready. When he says "I need it" he means it. Children in large families especially need the satisfaction of their own possessions. Let the child be the one to decide whether or not he should give up his toy. When parents are called in to arbitrate, "Who had it first?" may be the simplest but not always the wisest solution. Don't always give away to the girl, the smallest child, or the guest. Fair is fair, especially when a younger child may very well break an older child's prized possession.

Telling Stories Isn't Always Lying

One of the most delightful things about a little child is his imagination. Parents love to repeat the unconsciously funny things their imaginative little boy or girl has said. In the child's world of fantasy, a chair, a toy dog, or the milkman's delivery truck may have feelings, may even talk.

Adults usually find this highly entertaining. But to the little child the fantasy world of imagination is perfectly real. The young child cannot yet distinguish between the real and the imagined. A fear is quickly translated into a bear waiting for him in his dark room. A longing for a playmate who will do everything he asks soon produces an imaginary individual with whom he has conversations and plays elaborate games. To some children the imaginary playmate is so real that if you happen to step where the playmate is supposed to be the child will scream that you are hurting him.

When your young child comes to you with a story that took place only in his imagination, he is not getting into the bad habit of lying. It would be confusing and alarming to him to be scolded for "story-telling." He actually does not know the difference between truth and untruth. There is no harm in entering into the spirit of his fairy tale with him, while, at the same time helping him understand the difference. For

stance, if an imaginary playmate comes lunch, you may say, "Here's a makeelieve lamb chop for the make-believe the boy, and here's a real lamb chop for the triple that it is a real lamb chop for the real little boy."

The child's imagination helps him to play at many feelings and situations that trouble im in real life. The little boy wants to be ig and strong instead of small and helpss, and in imagination he can be Daddy bing to work and coming home, or later, erhaps, a cowboy or an Indian winning reat contests. The little girl wants to be apable and confident like Mommy, and a imagination she is Mommy, taking care if her dolls. If she is jealous of her baby rother but knows she must not hurt him, he can spank her doll. She can also compet ther doll, and thus be comforted herself.



All children need their imaginary world some extent, but when a child depends to much on imagination it may be a sign is not getting enough satisfactions in his cal world. The imaginary playmate is used when the child is feeling uncertain about is first attempts to play with real children. In the make-believe child is still very such around when there are real children oplay with, perhaps your little girl or boy hay be having some trouble with the real nes.

Fears: Real and Imagined

The capacity to be afraid and anxious is inborn. Strange and sometimes violent fears are quite common to children betwen two and six. They are usually only a passing phase but must be handled intelligently.

The best treatment is large doses of comforting and understanding — never scolding, pooh-poohing, or shaming.

There are two types of fear. The first is normal fear which arises from a truly dangerous or frightening situation. It is understandable for a child to be afraid of a dog if one has barked or snapped at him.

The second kind of fear is anxiety. While normal fear is related to the outside world, anxiety is related to a deeper uneasiness within the child himself, He worries without knowing what he is worring about, or attaches his worry to some trivial thing which is not really the cause.

A child of this age is aware of his smallness and helplessness. He realizes how dependent he is on his parents, and many of his fears arise from his anxiety that his mother or father may go away from him or stop loving and caring for him. In his childish judgment, his little mistakes and misdeeds can loom very big, and in his childish imagination, the punishments for them can be terrifying.

Anxiety is just as real to the child as factbased fears and should be respected.

Often a parent must play detective. Why does a youngster shrink away from a friendly department store Santa? All youngsters are supposed to love Santa Claus. Perhaps it is because Santa's beard suggests a furry animal which might snap.

While childhood fears are normal, fright out of all proportion to an actual danger and long-term anxiety can be harmful and should be given expert attention.

Starting at age two, fears that are particularly common to youngsters are: fear of being left alone, fear of pain and injury, fear of animals, crippled people, and death.

When a child is frightened he should be soothed. Take him in your arms if he doesn't object. Speak to him gently, let him feel your physical strength, your love for him. Don't attempt to reason with him now. Above all, don't try to shock him out of his fear, or shame him.

Telling a child that he is a scaredy-cat or a sissy gives him the additional fear that there is something wrong with him, and that you are disappointed in him. Forcing him to face the dark, or whatever it is he fears, may deepen his fears and make them last longer. Unfortunately, parents who are afraid that their children, especially their sons, will grow up to be cowards often force them to ride the pony, pat the dog or stroke the bunny they fear.

When he has calmed down, try to divert or distract his attention. Later on, you might pat the dog that frightened him to prove that he won't bite. But keep the dog far enough away to keep the child from becoming afraid again. When he shows a sign of wanting to get over his own fears, give him whatever help you can.

Most parents are aware that fear is "catching." A mother who recoils from a spider or flinches at the sound of thunder will wisely try to hide her fear when she is with her little boy or girl. Most parents nowadays are also sensible enough not to frighten a young child with stories of witches,

bogeymen, or policemen who will take then away if they are bad. Other grown-up however, may make this mistake, and the parents have to undo the damage by re assuring the child that these things are no true

Parents need to be especially careful not to threaten a child with "I won't love you any more if you do that," or "I'll go awa if you do that." The possibility that mother or father may stop loving him, or may leave him, is a real worry to many children of this age anyway. When their parents us it as a threat, the worry becomes an active fear, and often leads to many kinds of difficult behavior as well as unhappiness.

Praying or singing with children about the perils of the night is often upsetting for a sensitive child. (The old-time prayer "I should die before I wake, I pray the Lor my soul to take" has frightened many children.) The following is a far more appropriate version:

"Dear Father, bless each little child, And keep us all, we pray, Safe in Thy loving care until Another bright new day."

Obedience and Discipline

The young child has no understanding of what is right or wrong, good or bad, say or dangerous. It takes all the years through adolescence for the young human being learn judgment, wisdom, and self-control. The little child begins without any of these and he learns gradually and slowly. Mean while, his parents have to take the respossibility for his health, safety, and behavior. They have to be able to guide and control him while he is learning to use his own judgment.

nent and control his own behavior.

How do you get your young child to acept your guidance and control? How do ou get your little boy or girl to mind?

Experienced parents have found that seerity, threats, punishment and rewards do ot work. Parents sometimes feel that a hild ought to obey them just because they re his parents. They make discipline a bate of wills, and thus get into a continual truggle with the child over every move, whether it is important or not. Other parents go to the other extreme and try to reaon with the child about every little thing. but the child does not really understand, and a mother finds herself involved all day long in explanations that try her patience.

The young child has already discovered hat he is small and inexperienced in a big omplicated world. He depends on his parnts to love him and look after him. He ounts on them to know better than he does, and to do what is right and good for him whether or not he likes it. He has to assert imself sometimes, and he has to express is frustration sometimes. He may even ave an occasional temper tantrum. Not only his parents but the world around him and his own helplessness frustrate him a nousand times a day. He has to blow off team.

But underneath his rebellions, he really cants to please his parents and win their pproval. He wants to be like them and do so they do. He has to get his own way all me time he is not really happy either. He hay come to think that his parents do not ove him enough to care what he does.

You can make your little boy or girl re-

bellious and balky, or timid and whiny, by too much control. You can make your child wild, unmanageable, and destructive by too little control. Or you can use good sense and judgment and help your little girl or boy to be cooperative.

Discipline the Right Way

Here are some ways to help your young child cooperate:

- 1. Have a reasonably regular schedule for the daily routines. When meal-times, bed-time, putting things away and washing up are all part of a familiar expected routine, the child accepts them without much argument. Once in a while he will balk at some part of the routine such as stopping play, or going to bed. Most toddlers go through periods of balking at everything. When he is going through such a stage of independence, give him a little extra advance notice that it will soon be time; but when the time comes to pick up or to go to bed, don't let him put you off; carry out the routine promptly. Do it in a friendly way, but be firm about it.
- 2. Give him plenty of other ways to show his independence and self-reliance. Let him feed himself, dress himself, and do as much as he wants to and can do for himself while you are occupied nearby. Keep an eye on him and help him when he asks for help or you see that he really needs help, but interfere as little as possible. Give him freedom and space to play in his own way, within the bounds of safety, health, and the family's comfort. A child who can use his energies and express his independence in good ways will have less need to fight against sensible control.
 - 3. Save the "don'ts" for when you really need

them. Put only the sensible and really necessary restrictions on the child. If he hears "No, no!" too often, he is likely to pay no attention. Say it as seldom as possible so that when you do say it he knows you mean it.

- 4. Be consistent. Stick to the rules your-self. If you make a rule that the child is not to have sweets just before a meal—and that is a good rule—don't break it yourself by giving him a lollipop to keep him quiet until you are ready for him. If you think he is hungry, or that something to suck or chew on will help him to wait more patiently, give him a piece of bread and butter or a saltine or a piece of fruit—something other than a sweet—and stick to your rule by saving the lollipop for after lunch or nap.
- 5. Keep your promises—or, if you must break a promise, have a very good reason. If it rains on the day when you promised a trip to the beach, or if someone is sick, the child will be disappointed but if you explain the reason, your child will know you have not let him down. In the same way, don't make threats you have no intention of carrying out. If you know you are not really going to call off the visit to Grandma because the child is misbehaving today, don't say you are. And don't promise a treat as a reward for good behavior when you know he is going to get the treat, or not get it, no matter how he behaves. A better rule is, don't threaten punishment or promise rewards at all. Your child wants to behave well in order to please you. Your disapproval is punishment enough. Rewards and threats of punishments put a false value on a child's behavior and don't give him a clear idea of why he should be good. You surely don't



Lack of interest shows this child is unhappy. Why?

want him to get the idea that he is good in order to collect a reward or avoid punishment.

6. Treat your child in a friendly way, as a person, and be as cheerful as you can when you are with him. A happy child is easier to manage than a troubled unhappy one and your young child quickly reflects you mood. When you are worried or tired or really upset about something, your child does not know the reason but he may be disturbed and upset all the same. At such times if you feel that you are really not up to carrying on, it is a good idea to get you husband, a relative, or a friend to take ove until you feel better.

A bad day now and then, or an angry moment, comes to everyone, but a gener ally depressed and gloomy home atmos phere, or a home where there is chiefly im patience, irritability, or lack of warm feel ings can make an unhappy and therefore a difficult child. A warm sunny home atmos tere and a generally even-tempered mother we the young child the feeling that things e all right with his world, and that any the thing that goes wrong will soon be set ght again.

top Your Child When You Must

When you must stop your child from mething he is doing or is about to do, be on about it—not cross or irritable but firm. Iten you can get a young child's cooperator best by turning his attention from what the must not do to what he may do.

When something has to be done, find a easant way to do it. If it is time for your aild to go to bed, try putting his toys to ed as a way of getting the child to go. Sing lother Goose rhymes or other songs he nows with him while you help him wash of for a meal. The point is to get the job one, and you can get it done faster by endly cheerful methods than by impance or grim determination.

The young child understands action better an words. If he will not leave the market park when you are ready to leave, tell m you will walk ahead slowly and will ait for him at the corner. Then start off. e may cry and protest, but usually he will llow. If he doesn't you may have to go ack and get him. But give him time, if you can, to come of his own accord.

When Your Child is in Danger

There are times when you have to reain your child physically. In a situation danger, you have to act quickly. Cernly when you have to snatch your child t of danger you are likely to be hasty d maybe even rough with him. But your actions and your manner should tell him that you are looking out for him because you love him. If he cries and perhaps fights back, remember that he has been frightened too, not by the danger, which he does not understand, but by your fright and your quick action. This is lesson enough for the moment; he does not need to be punished more. If he does the same dangerous thing again, you may have to restrict his freedom until he learns to keep to the safety rules you set down. But again, you should try to make him see that you are restricting him not for punishment but to teach him how to keep out of danger.

Quick action is also necessary when your little boy or girl is about to hurt someone else. If you see your child going for another child with a shovel in his hand, naturally you must stop him quickly. You restrain him, but there is no need to punish him or call him bad. You can usually suggest some better way for him to play with the other child, or you may think it wise to keep him playing by himself for a while until he cools off. This restraint, again, should not be given in the spirit of punishment. By the firm but friendly way in which you enforce it, you show him that you have confidence that he will soon learn the better way to get along with others.

Spanking and Punishment

An occasional spanking and an occasional punishment may seem necessary now and then. They are not good methods to depend on, and most parents feel uncomfortable when they have to resort to them.

It is sometimes said that you should never spank a child in anger. Yet a planned cold-blooded spanking is certainly worse. A quick spank when you are suddenly angry or pushed to the end of your patience is more natural, and more understandable to the child himself, than a punishment carefully calculated and planned, inflicted at a time when the child has all but forgotten the offense for which he is being punished.

Sometimes parents plan to carry out future threats of punishment. Sometimes they don't. When the threat is not carried out, a child may feel relieved but unprotected. Mother's threat to tell Daddy when he comes home is also a bad move. The suspense is terrible and the youngster may feel everyone is against him. This does *not* help.

Some parents, to avoid spanking, show their disapproval by coldness and silence. This is actually harder on the child than a quick angry spank. The young child is hurt by his parents' coldness long after he has forgotten what he did to cause their disapproval.

In a warm friendly home where the young child is sure of his parents' love, a quick spank (quite different from a formal spanking) will do no harm. Or an immediate deprivation may be necessary, such as taking away a toy with which the child is doing damage and will not stop. Some old-fashioned punishments, such as sending a child to his room or to bed, usually cause more trouble than they cure because there are times when you want the child to play happily in his room and go cheerfully to bed. Sending him to his room or to bed as a punishment will not help him to enjoy his room or his bed at any time. It is never advisable to resort to spankings and punishments as a substitute for good management.

Handling the Genitals

The baby discovers his body little by little, hands and fingers, nose and mouth, feet and toes. In time he discovers his genital organs. He investigates this part of himself with as much interest as he investigates everything else.

Most children from one or two years on until about six, girls as well as boys, do a certain amount of handling, rubbing, and pressing of their genital organs. This is to be expected and is no cause for concern. Sexual development of the body begins during these years, and masturbation is, to a degree, part of this normal awakening of sensation. It is not the beginning of "a bad habit."

It is not wise to stop the child, to distract him or to call his attention to what he is doing in any way. And, above all, don't scold him. You want him to have a wholesome, natural feeling about his entire body. In fact, a lack of curiosity on his part may be more a matter of concern.

Parents are surprised to learn that children derive a mild form of sexual pleasure from touching their genitals. They also worry that their child will grow up to be oversexed.

But mostly they worry about what they should do about their child's masturbation. They are especially confused if they feel guilty about their own childhood masturbation.

The first thing to do is to STOP WORRY-ING. All normal children of this age engage in this exploration. We know today that

asturbation does not injure body or mind d does not cause acne, impotency or innity.

Nor does it cause nervousness. A nervous tense child may handle himself more than other child because he is nervous or tense. Opping him, scolding him or frightening m does not help; it only increases his rvousness.

Playing Doctor

Children of three, four and five are rointic and physically affectionate with parts and those close to them. They cling to eir favorite grownups and are interested each other's bodies. Occasionally, they sire to see and touch each other. This is e reason they like to play doctor.

Parents will be more relaxed if they realthat this is a normal part of development d occurs to a degree in all children. If a ild is not preoccupied with sex, is outing, and has plenty of other interests, are is no need for concern. Often, once a ild has satisfied his interest in the appearce of the opposite sex, he or she is satisfied til the next plateau of sexual developent is reached. A child who is preoccupied th sex at this age, however, should be ven help.

He is showing that he is upset or unhappy some way, and needs something in his life at he is not getting, such as more affection d approval or more companionship with parents or with other children, and probly less pressure on him for doing things yond his abilities.

cocal irritation, skin disease and tight othing can also put pressure on children.

The Opposite Sex

Between the ages of 2½ and 3½ years, little children very often worry about bodily differences. This is not an abnormal interest in sex. In a matter-of-fact tone, not one that is hushed, explain that little girls and little boys are born different. All the child needs is reassurance that he or she is all right, and that there is nothing to worry about. More detailed explanations are not usually necessary for the young child.

Nail Biting

Nail biting, a sign of tenseness, is more common in high-strung, nervous children. They may start to bite while waiting their turn to play in a game or while watching a television thriller. Biting is not always a serious sign in a generally happy child. But if a child bites his nails persistently, parents should look into possible causes.

Is the child being pushed or scolded too much? Are parents making unreasonable demands upon him? Perhaps he should not be exposed to so much television.

It does not help to nag or punish a child for biting his nails, partly because he is usually unaware that he is doing it and partly because such measures merely increase the child's tensions. Bitter medicine on the nails rarely helps either because that treats merely the symptom and not the cause.

Temper Tantrums

Tantrums usually begin in early child-hood when youngsters are trying to do so many things and suffering so many frustrations. Mothers are putting a great deal of pressure on them, especially for toilet training.



Children are often frightened by their own tantrums.

Sometimes the child hits or kicks his mother or some other grown-up, but usually he does not dare to do this. Instead he throws his toys around or throws himself down and kicks, hits, even bangs his head against the floor. He is so angry that he is beyond reasoning with. He probably cannot even hear you.

Depending on their natures, some parents give in, others become angry. To yield leaves a child without the security of knowing what he can and cannot get away with. To punish will only aggravate his problem.

At home, some mothers find that if they go calmly about their business, a child gets over his rage by himself. Some children, however, must be held and soothed.

Others believe leaving a child alone until his tantrum is over only increases his anxiety. He is asking for help, and abandoning him certainly won't help. Children are likely to get over tantrums faster if you remain firm, yet offer sympathy.

When a temper tantrum occurs in public, it is embarrassing. Also, you usually have to do something about it rather quickly for the sake of other people. If possible, pick up the child and take him to a peaceful spot where you can help him quiet down. Don't yank him or shout at him. Try to keep calm and stay friendly. A child in a tantrum is not only angry but he is also frightened by his own rage and needs to be reassured.

If Your Child is Still Thumb Sucking

Some of the best-intentioned mothers scold, threaten, and generally panic when their youngsters are still thumb sucking at age three.

If they worry enough, they can actually make the problem more serious than it really is. Thumb sucking is harmless if youngsters forsake it, as most do, by the time they are five or six. It would take very hard sucking over a long period of time to make any difference to the shape of the mouth or the teeth, and even then the jaw usually comes back to normal when thumb sucking stops

Just as an infant sucks for comfort, an older child may resort to this practice when he is tired or frightened. Without realizing it, he is telling his mother he has a problem Asking the child to give up thumb sucking will not solve his dilemma, and putting pressure on him will only increase his tension and therefore his need to suck his thumb.

Youngsters suck in various degrees. One may suck only briefly when he is tired, hun gry, or feeling frustrated. This is so common place there is no cause for concern. The child who would rather suck than eat need lp in finding more constructive satisfacons. The child who returns to this thumbcking after giving it up needs help in solving the upset which caused him to rern to the comfort of his thumb.

Avoid sleeping garments that hold arms own. They will only frustrate the child. Don't put bitter or disagreeable subsuces on his fingers. Don't use any commercial preparations supposed to stop thumbooking. They won't help.

Stop worrying.

But try to see that your child has the essenls for a secure, comfortable life.

The Timid Child

The timid child runs, cries, and is afraid express his natural aggressiveness. In fact, is so afraid of his natural aggressiveness, is afraid to let go at all.

He may be the product of either overotective or overdominating parents. In any ways, he has a more serious problem to pe with than the overaggressive child. He by be better off if he works and plays by mself for a time while he develops new bbies and skills. With his new confidence may begin to hold his own in a group. If he is too passive, overly compliant, un-

notional, and unreachable, he definitely eds outside professional help.

The Child who Deliberately Hurts Others

Many children do at least a little fighting, ing, and hitting when they are learning get along with other children. Parents ed not get excited about every scratch and mp. But the child who is constantly hurt-

ing others is a worried, anxious youngster.

When an adult is jealous, angry, or frustrated, he sometimes resorts to withering sarcasm or an unkind remark. A child's reactions are more primitive. He may kick, pinch, or pull hair. If a child persists in such behavior over a long period of time, it is a sign he needs special help. Usually, however, he is going through a phase which can be handled by patient and observant parents.

Naturally, a child should not be allowed to hurt others, although some parents dismiss their children's hurtful behavior as a sign of healthy toughness. He must be checked for his own good as well as others. Deep down he knows that he should not hurt other people, but he can't control himself. To find out that there are limits beyond which he can't go is reassuring to him.

Don't bite, pinch, or scratch him back to give him a taste of his own medicine. It won't help. Try not to indicate in words or actions that he is bad. Above all, do not punish him. This will only confirm his guilt feelings and drive him to further misconduct.

Instead, do prevent him from hurting other children whenever possible. Hold him, if you must, and explain that he is hurting his playmate. Teach him gradually that some things are socially acceptable and some are not. Assure him that he is liked and loved, but there are various things he must not do.

Give him more time, more affection, more opportunities to follow his interests. Provide him with chances to play with clay, to make noise, run hard, kick a large ball.

The Child Who Is Destructive

All parents run the risk of their children's destroying knick-knacks and family heir-

looms if their homes are not made childsafe. Otherwise a child's curiosity and energy will get him into trouble sooner or later.

Some children, however, are wilfully destructive. They may destroy a younger child's toy because they would really like to destroy this rival for their parents' affection — but don't dare. Or, frustrated by an inability to draw, they may destroy a picture they have half finished.

Children who can't make friends sometimes get even by breaking other children's toys. And children who feel thwarted by parents respond by destroying their parents' precious possessions.

The child who destroys a sibling's possessions needs to feel that he is loved, wanted, important. The child who destroys his own drawing needs guidance, encouragement and challenges which he is able to cope with. Parents who find their children destructive should make fewer restrictions and present those they do make in a firm but reasonable fashion.

Parents of over-aggressive children should also look to their own behavior. Among hurtful and destructive children, there appears to be a high incidence of parents who lose control easily and readily "explode." They become models for anti-social behavior in their own children.

There is also evidence that parents may consciously or subconsciously permit antisocial behavior in their children. This may take the form of negative suggestion: "Don't take any money out of my purse while I'm gone," or sometimes of active encouragement.

A parent who is constantly saying "Don't" but failing to be firm or a parent who never vents his own feelings may encourage unbecoming behavior in his child by provoking the youngster to "explode" for him.

Sometimes, it seems as if a child does naughty things because he wants to be punished. He may fear punishment and try being naughty to see if his fears are justified. Here it is especially important to avoid punishment.

Or he may destroy things to get attention. This probably means he is not getting enough of the right kind of attention at other times. Or he may just destroy things for fun. Destruction seems to satisfy some pent-up feeling within him. If his destructiveness is only occasional don't worry that he will grow up to be a juvenile delinquent.

Avoid nagging, scolding, punishing. Instead teach him to direct his energy into happier channels. Find more things you can do together that will be fun for both of you.

What You Can Do for Your Troubled Child

If your little girl or boy is showing direct or indirect signs of unhappiness, there are several practical steps to take about it:

- 1. Check up on the child's health. The doctor can quickly tell whether there is any physical reason. Sometimes a lack of certain vitamins or minerals cause a loss of appetite or energy. The child may be coming down with an illness or may be slow in getting over one. Eyesight, hearing, and general physical development need to be checked.
- 2. Check up on the child's play routine. Is he getting enough play and enough rest, enough companionship and enough quiet time, enough attention, encouragement and approval from the grown-ups in the family?



his child has been left alone too ong and is therefore getting into nischief.

s he perhaps being hurried too much, possed too much, restrained too much, or eft too much to do as he likes without con-

3. Check up on the child's life in the family. Have there been any changes? Has someone gone away or has someone new come nto the home? A new baby or a new home or going to nursery school is a big change o which you would expect your toddler o react. But small or temporary changes lso affect the young child. The absence of is parents for a week-end sometimes leaves lasting worry, even though the child has pent the time happily with loved grandarents, neighbors, or a baby-sitter he nows. He needs to be reassured that alhough one or both of his parents may go way, he can count on their coming back. - is the way he swings back and forth between

Frequent short absences, more evenings out for both parents, and an occasional afternoon off for mother generally help the toddler understand that parents go and also come back. Always prepare the child in advance by telling him you are going, and make sure he knows and likes the person who will take care of him.

- 4. Check up on the child's life outside. Are his playmates too old or too young for him? Is he on his own enough, or perhaps too much? Has he been made anxious by too many warnings against danger, against falls, against getting lost, soiling or tearing his clothes or losing his toys? Are you expecting him to be braver or more grownup than he is ready to be? Is he being compared with another child to his own disadvantage?
- 5. Check up on yourselves as parents. Are you tense, strained, worried, or not in good health? Are you anxious about the child himself? Do you hover protectively over him, fearful about his wider activities, worried about his getting into danger or trouble, trying to keep him a baby? Or are you impatient because he is not growing up fast enough? Do you wish he were bigger, braver, more aggressive, more daring and skillful? Are you dissatisfied because you wish your child were a girl instead of a boy or vice versa, or prettier, brighter, friendlier, or somehow different than the way he is? A parent's dissatisfaction with a little boy or girl may never be expressed directly, but it shows itself to the child. This is deeply troubling to a child at any age, and particularly during the years from one to three when his parents are the child's whole world.

A particular characteristic of the toddler



This toddler is characteristically independent one minute and dependent the next.

A. Devaney, Inc

dependence and independence. Your outgoing, seemingly independent two-year-old suddenly reaches a point where he does not feel very strong and capable. For a while a little extra cuddling may be all he needs to restore his confidence. While you are checking up on all possible causes for his unhappiness, give him the privilege of being more babyish and dependent for a while, and let up on your demands for more grown-up behavior. At the same time, show him you are confident that he will be able to act his age again soon. To let him know

that you are worried about him only increases his worry.

Some Children Need Professional Help

There are times when loving and understanding a child is just not enough. Sometimes parents are willing to admit this. Sometimes they must be told they need help.

When a guidance counselor, teacher, physician, or well-intentioned friend suggests a child needs special assistance, many parents feel threatened. They become indignant, they panic, withdraw or even feel some unconscious resentment against the youngster who has placed them in what they consider an intolerable position.

These parents can understand why that "horrid little boy across the street" needs help, but not their child. What will the neighbors think? Will we be blamed for our child's shortcomings? Will a therapist learn all our family secrets?

Fortunately, the number of these unenlightened parents is growing smaller. Today, wise parents are as ready to seek preventive and corrective psychological help for their children as they are to seek medical help.

When Does a Child Need Professional Help?

The following, compiled by the Child Study Association, is a chronological list of warning signals. A symptom should be looked into in relation to the child's age What may be serious at one age, may be per fectly normal at another. One symptom by itself, however, does not necessarily mean trouble. Many healthy children may at one time develop one of the symptoms listed. A

mptom is only a warning. It does not alays mean a child needs professional help.

Warning Signals

FROM BIRTH TO TWO YEARS

Unusually slow physical development.
Excessive passivity.

Lack of responsiveness.
Severe difficulty in sleeping or eating.
Your physician will help you decide hether your child's problem is real or pass-

Two to Four Years

Refusal to eat anything except a few relatively unwholesome foods.

Absolute refusal to drink out of a glass or cup.

Refusal to begin toilet training.

Refusal to accept any limits on behavior. Marked lack of interest in other children. Panic when mother is out of sight.

Panic, not just shyness, whenever anyone other than his parents approach him.

FOUR TO SIX YEARS

Inability to get along with other children.

Constant fighting or withdrawal:

Repeated intentional cruelty to animals.

Overt destructiveness that is constant.

Intense and frequent temper tantrums.
Unwillingness to be separated from mother without panic. Won't stay at nursery school or kindergarten. Refuses to be left at home with sitter.

Intense fear of many things.

Consistent day or night wetting or soiling.

Poor speech.

Tics.

• Refusal to fall asleep unless parent is present.

• Inability or unwillingness to do anything for himself.

SIX TO EIGHT YEARS

- Absorption in fantasies. Believes they are real.
- Real fear of going to school. Frequent morning vomiting or stomach-ache with no physical basis.
- · Constant bed wetting and thumb sucking.
- Frequent genital manipulation in public.
- · Inability to follow directions in school.
- Failure to show a beginning interest in learning.
- · Intense worry about illness or injury.
- Pronounced fear of elevators, crossing the street or being alone in the dark.

EIGHT TO ELEVEN YEARS

- Constant daydreaming or television watching, especially if not content and occupied at school.
- Recurrent lying and stealing, not just occasional lapses.
- Setting fires or intense interest in matches.
- Panic reactions to group situations such as day camp or summer camp. Refusal to spend night away from home.
- Constant contrariness.
- Truancy or constant running away.
- Real difficulty in learning at school despite good ability.
- More than occasional engaging in sex play with children of either sex.
- Continuous open rejection of appropriate sex role. Dressing up in mother's clothing, if a boy.

ELEVEN TO FOURTEEN YEARS

- Inability to make friends or intense, exclusive preoccupation with dating.
- Excessive eating to the point of becoming significantly overweight or extremely poor appetite resulting in undesirable weight loss.
- Severe nail biting.
- Refusal to take any responsibility both at home and at school.
- Excessive rebellion against authority, although some rebellion is good.
- Persistent failure in school after having done well initially.
- Indiscriminate and frequent use of obscene language.
- Persistent lack of interest in life. Constant joylessness.
- Excessive childishness or fear of growing up. Unwillingness to act his age. Playing with only younger children.

A signal needs further attention depending on whether or not your youngster has been constantly beset by difficulties and on how you answer the following test questions:

- Is the child's behavior appropriate to his environment? This is the key question. Is Jimmy misbehaving because he is jealous of his younger sister or is he constantly out of tune with his world? Is he just as dissatisfied when he gets his way as when he does not? Is he a very confused little boy whose understanding of what goes on about him is not as sound as it should be? This is a good time to look for professional help.
- Is his behavior generally appropriate for his age? Or does he seem to become more babyish? Is he falling back on younger ways of coping with the world? Are there

real difficulties in his environment?

Symptoms evoked by external pressures are less serious than those resulting from inner conflicts and are usually much easier to deal with. If a bully is bothering several children in your child's class and your child's symptoms do not persist after the bully is put in another class, there's probably nothing to be worried about.

- Is the change in his behavior a radical one? Each child seems to handle his emotional problems in a different way. But if a child suddenly seems to undergo a complete change of personality, that is a different matter and your child probably needs professional help.
- How long has the symptom lasted?
 When nothing you do helps and the symptoms bother your youngster as well as you, now is the time to seek help.

Certain situations also make preventive help advisable. Is there something different about the family? Has a parent or relative been placed in a mental hospital? Has there been a death, separation or divorce?

Kinds of Special Help

- Concerned pediatricians and family doctors now help youngsters over emotional as well as physical problems. Consulting your physician also determines the possibility of a physical basis for your child's disturbance.
- A sympathetic teacher will supply invaluable information about your child's be havior away from home and offer suggestions on how to deal with common developmental difficulties.

Many ministers, rabbis, and priests have special training in counseling families about everyday problems.

Lectures, books, pamphlets on child care and special problems, parent-education and parent discussion groups — any or all may help.

How to Get Help

The family physician, local Family Serve Agency (make sure it is a member of the amily Service Association of America), cal chapter of the National Association or Mental Health, child guidance clinic or ental health clinic will tell you what kind treatment your child needs. You may be ferred to one or a team of specialists:

Psychiatrist: a medical doctor specializing diagnosis and treatment of emotional oblems and mental illnesses. He often rves as consultant verifying other profesonals' diagnoses.

Psychoanalyst: usually has an M.D. degreed is intensively trained in psychoanalysis, process by which a patient explores his aconscious in the hope of achieving more astery over himself. Every psychoanalyst is been psychoanalyzed and spent several ars of training in a psychoanalytic instite.

Psychologist: has a Master's or Ph.D. degree psychology. He knows how to administer d interpret the findings of psychological its. Many are qualified to engage in thery, which means that they have had special lining in treating emotional problems.

docial Worker: should have a Master's deee in social work from an accredited unirsity. Those who help to treat emotional oblems are called psychiatric social workthan They have had additional training for the job of carrying out a psychiatrist's treatment and are closely supervised. After more training some become qualified to work as private therapists, without such supervision.

The Pre-Schooler

Some time between the ages of two and three, the child moves out of toddlerhood and becomes a pre-schooler. As a toddler, he became a member of the family. As a preschooler, he will begin the slow process of finding his way in humanity at large.

Pre-school, today, means pre-grade one. Some youngsters are now off to nursery school at age three and have a whole year of pre-school behind them by the time they are four.

The four-year-old takes a great many skills for granted that he was struggling to learn only a few months ago. He rides his tricycle confidently, backs and turns and stops suddenly. He clambers up monkey bars, a fence or a tree, swings and slides, jumps from small heights without falling. He handles toys and dishes with fewer accidents and less breakage, builds elaborate structures with blocks.

He feeds himself without help, dresses and undresses with little help, bathes in the grown-up tub, and does a good deal of his own scrubbing with the washcloth. He is long past soiling himself, and may be almost or altogether dry both day and night; little girls are likely to be quite dry, little boys not always, and both still have accidents.

His curiosity is wider than the world he can see around him. He wants to know why and how, and he asks. He asks questions for many reasons: to make conversation, to stall off something he would rather

Philip Gendreau, N. Y.

not do, to talk out something that is bothering him when he is unable to get right to the point, or just to find out something he wants to know. He uses many words, including naughty ones which make him feel big and bold, especially if he can shock his parents.



His play is more complicated. His makebelieve includes the world outside as well as his home and family. He may play at being an airplane pilot, a cowboy or an Indian, a knight in armor, or a space cadet. He pushes chairs and furniture together to make a trailer truck or a cave. He acts out heroes and bad men, he kills and is killed, and his games are full of violence and noise. Girls, perhaps less violently, are more likely to play at dolls and tea-parties, at housekeeping and storekeeping, though some of them can outdo the boys at their own games.

The four-year-old can also play quietly and intently for longer and longer periods, working on a construction or a painting, studying pictures in his books, or watching a program on television. His powers of concentration are increasing. His ability to play cooperatively, plan and carry out games, and get along with other children is also growing. He sings many songs by heart, knows many nursery rhymes and games. If he has a phonograph or someone plays for him he listens to music, and he can make music on simple instruments. He can tell stories as well as have them told or read to him. He can hold a conversation with the



The curiosity of a small child is boundless.

gas station man or the grocer, perhaps even with a stranger.

He is noticeably stronger physically and has more energy. He can go longer and longer without rest or sleep, although the quiet hour after lunch is still a must and he still needs eleven or twelve hours of sleep at night. He has had all his baby teeth for a year or more. He may be around three and a half feet tall and weigh around thirty pounds, girls a little less.

The little girl or boy going on four and five can afford to be merry, outgoing, and loving. Some big steps in learning are probably safely behind. Eating and going to the bathroom have become pretty routine except in times of worry or illness. The battle

r independence that was going on around to-and-a-half is likely to be settled for the oment, although it will have to be fought ain and again through adolescence, both atwardly with parents and family and inardly with the child's own feelings of dendence. But for now and a good while to me, growing up and getting along mean as struggle and more fun for both child ad parents.

The next big step is going to school.

Readiness for School

AaBbCc

As the baby years and baby ways slip st, many parents begin to wonder, "Will y child be ready for school?" It is a big op for both of you when your little boy or a first goes away, for a good part of the ty, from your watchful eye.

What is involved in a child's readiness school? In former days, parents felt that a child knew his ABC's and could count to ten, he was ready to go to school. ementary school was thought of as a place here children went to learn the three R's id not much else.

Today, because of many changes in ar way of living, school means a great deal ore in the child's life than simply reading, riting, and arithmetic. For many a child, nool is the first step out of the home and vay from Mother, his first experience on sown. It is his first meeting with a large oup of children coming from different ands of homes and backgrounds. His acher is a new adult who becomes im-

portant in his life. To meet all these new experiences he needs to be ready in many ways so that his adjustment to school will be as smooth as possible.

Of course a child is being prepared for school all through his toddler years at home. Here are some of the steps you can help him to take for getting ready to enter school well prepared:

1. Learning to look after himself through the preschool years.

You let him learn to feed himself, dress and undress himself, go to the toilet by himself, wash his hands and face and brush his teeth by himself. You let him help to hang up his clothes and put his toys and belongings away. You teach him safety at home, out of doors, in traffic, in public places, and while riding in the car or in busses or other public conveyances. You let him practice to gain skill with tools and utensils as well as with play materials and equipment.

2. Learning to get along with others.

He gets experience at this in the family, by learning to get along with brothers and sisters, and in the neighborhood by playing with other children. You give him a chance to learn it when people come to the house—the delivery man, mailman, painter, repairman, neighbors and friends when he goes out with you, visiting friends and relatives, on shopping, and other trips, when he meets the store clerk, the bus driver, the filling station attendant, the policeman, etc.

3. Learning responsibility.

You let him do some family chores, go on some errands for you, at first in the house, then perhaps to a neighbor, later to the store if the neighborhood is small



This little boy is learning about the world from his own observation.

R. Diamant

and the journey safe. He can answer the telephone.

4. Learning to express himself.

You let him learn to express himself in words, to tell what he wants or doesn't want, to explain what he knows. This is a very important skill he will need at school. You encourage him to develop this skill at home by talking with him and especially by taking time to listen when he talks. Giving the young child opportunities to enter into family conversation is especially valuable. Parents sometimes have to remind themselves to give the youngest a chance. It is hard for him to break in when adults and older children monopolize the conver-

sation. The child can be encouraged to mee and talk with visitors at home and stranger outside. But he should not be pushed. It young child usually needs time to get ac quainted. Being shown off and urged to speak up is likely to have the opposite effect and make him shy and frightened.

5. Learning about the world around him

The child needs experiences. Walks, trip to see things, stopping to look at a bulldoze at work or a man painting a house or fixing a telephone—all this adds to his stor of knowledge of things nearby. Answerin his questions, reading and telling him stories add to his knowledge of places, people

nd things both near and far away. The oung child who has these opportunities or gaining familiarity with the world around im gathers a storehouse of experiences. In chool he will draw on this storehouse in lany ways—in group projects, in discusons, and later in learning to read.

An additional way of preparing a ehild or school, as well as giving him more scope and activity than most homes can offer uring the toddler years, is to send him to pre-school play group or a nursery school.

lay Groups and Nursery Schools

In the modern small home or apartment it is not always possible to give the ctive toddler the facilities he needs for play and learning experiences. The neighborhood may not have playmates of his age or safe lay space out of doors. A mother's house-old duties and care of other children may make it impossible for her to give the child is much time and freedom outdoors and with other children as she thinks he should have, or she may have a job or other reponsibilities that take her away from home turing part or all of the day. In any of these tuations, a play school or nursery school may be a helpful solution.

Many parents feel that a pre-school roup is desirable for the child from three of five years old in any case. They believe nat a group of this kind, well equipped and with good supervision, offers the child empanionship and opportunities for learning that no home or neighborhood provides. If a play group or nursery school is available in your community, and if you are inking of entering your child, assure yourlif in these ways that the school is a good

ie:

- 1. Visit the school, observe a group of your child's age, talk with the director and with the teacher.
- 2. Notice the physical facilities, both indoors and outdoors. Is the room bright, well ventilated, with good floor space? Is the playground large enough, with some sunshine and some shade? Are toilet and washroom facilities adequate? Is equipment sturdy and in good repair? Are play materials ample?
- 3. If food is served, check on the kitchen facilities and menu.
- 4. Observe how the teacher handles the children and whether the atmosphere of the group is relaxed and friendly.
- 5. Take the child to school for a visit and let him play in his age group for a while. Let the teacher give her opinion on whether she thinks the child is ready for this experience and how he will fit into the group.

If you decide to enter your child in the group, try to do it when there are no other big changes in his life such as a new baby, a move to a new home, or your own return to a job. If one of these changes is coming, it is wise to enter him in the group or school long enough in advance so that he is comfortably adjusted before the next new situation arises. You may find it best to stay at the nursery school with him the first few times, to take him there and bring him home yourself, or to be at home when he comes home, if he is brought in a bus or by some other means.

Many of the experiences and reactions of a child in a play group or nursery school are like those of the five or six-year-old who goes to primary school for the first time, whether to kindergarten or first grade, and



Happily ready for school.

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are discussed in the following section on The School Years. But remember that for the young child the separation from Mother and from familiar surroundings is harder at first, and you may need to be patient. If a child shows continued resistance or distress at going, it might be wise to wait and try again a bit later.

Parents Too Must be Prepared for the Child's School-days

In thinking about their child's readiness for school, many parents wonder about such things as how ready is the school to receive him? How well prepared are they, the parents, to help him with school?

It is sensible for mothers and fathers of hildren who have not yet entered the chool to visit the building, talk with the rincipal and the kindergarten or first grade eacher, and learn all they can about the lace where their child will spend a third f his waking hours for most of his remainng childhood years.

In many areas, schools are struggling to eep up with the community's educational acilities. Parents of the youngest pupils have nost to gain from taking an early interest in the school's problems. More space, more nd better teachers, smaller classes, better quipment—all these may be possible to

achieve if parents speak forcefully as citizens and taxpayers. The schools are everybody's concern, but sometimes it takes an interested parent group to call them to the attention of those who can do what needs to be done to improve them.

By making the acquaintance of the school in advance, parents are also better able to prepare their young child for what he will find when he goes to school. Taking your child for an advance visit and talking with him about what school is actually like will help to give him the confidence he needs for taking that first big step away from home and into a new world.

For an appropriate verse to read to or with a child about to enter school, see

First Day at School Volume 1, page 248.



For these children the early school years are a happy time.

Five to Eleven: The Early School Years



Your Child's First Day at School

The day your child first goes off to school a big day in his life. It is also a big day a yours. In a dramatic way it marks the ad of one stage and the beginning of ancher. From now on, you can expect to see ss and know less of your child. He will ave experiences that you no longer share. We will be made happy and unhappy in ays that will often be mysterious to you. Ou will not always be able to help, or even understand, because he will not always able to tell you just what he is going trough.

For a hard-pressed mother with one or we younger children to care for, the day ne of her youngsters goes off to school is cely to be a relief. She may wish, or even spect, that he will be off her hands from ow on. This is understandable, but going f to school does not automatically make a g self-reliant boy or girl out of a child.

"Where Did You Go?" "Out".
"What Did You Do?" "Nothing."

Don't be surprised, when your youngster mes home from school, if he isn't bubbling er with excited accounts of his new actities. According to many well-adjusted

youngsters, "nothing" happens in school all day.

A youngster doesn't want to be pounced on at the door any more than a husband does when he first comes home from work. Give them both time to relax. Often your youngster will tell you what is on his mind in those quiet moments when you tuck him under the covers.

He no longer wants to be "babied" the way he once was. At this age he wants to solve many of his problems himself. The important thing is for him to know that you are always there ready to provide sympathetic interest, encouragement, and understanding when he needs them.

In most schools, teachers will tell you all too soon if things are going poorly in class. If you have a good relationship with your child's teachers, they will try to give you helpful advice on how to cope with his problems. Don't nag him about his marks if they are poor. If he feels he is disappointing you scholastically, he may decide that there is no use in trying and give up completely.

Health Care for the School Child

"Off to school" means new demands on the child's health and physical stamina. He will be with many children and therefore will be exposed to the childhood diseases he may not have already had, as well as to other infections. Children generally suffer more colds, sore throats, and other minor illnesses during their first two or three years at school than during their pre-school years at home.

A thorough physical examination is essential before a child enters the first grade. Then the doctor makes sure the child has been given all the essential vaccinations and boosters he needs.

Your child should also have a physical examination before he starts school each

Regular eye examinations are important for every school child.



E. Lettau

year. Be sure to call early for a doctor's ap pointment. Physicians are especially busy giving required school physicals in late Au gust and early September.

Vision

Even a slight visual handicap can interfere with a child's progress in learning and cause him needless frustration. If there is one in your community, take your child to an ophthalmologist (a medical doctor who specializes in eyes). The doctor will be able to determine the health of the child's eyes. He may also detect muscular and other weaknesses of the eye which could make reading difficult. He may prescribe glasse and eye exercises.

Hearing

Hearing checkups are as important a vision checkups for the school-bound child

Hidden ear damage threatens as many a one in ten children, according to doctors a the famed Mayo Clinic. Some 40,000 children start to school each year handicapped by unrecognized hearing losses. Defective hearing is among the most common disabilities of childhood, the U.S. Children' Bureau claims.

Otitis media, a common infection of the middle ear, measles, mumps, scarlet fever and viral infections—all can do such subtle damage to the ear that it is not always detected in routine checkups. Equally harmful are foreign bodies. And children have been known to store everything from pop corn to parts of birthday candles in their ears.

Profound hearing disease is usually detected in infancy. But how do you detected

adual, painless hearing losses? Especially hen, according to John's Hopkins experts. percent of all auditory problems of chilen are préventable and the remaining 20 ercent can be greatly helped.

In cooperation with the Mayo Clinic rearchers who developed the test, a group of innesota mother-volunteers have been ving the Verbal Auditory Screen for Chilen, the VASC test, to four-year-olds in eir state for several years.

It is considered more accurate than the are tone auditory tests given in many hools and is extremely simple to adminter. All that is necessary is a picture chart, corder, tape, two earphones, and, natully, volunteers, usually PTA mothers.

Now many mothers are giving VASC tests children in many other parts of the nited States. For information on how you n set up your own VASC test in your mmunity, write Preschool Medical Sury, Minnesota Medical Association, 375 ckson Street, St. Paul, Minn. 55101.

Nursery School and Kindergarten

Today's kindergarten has become the rsery post-graduate school. Once estion was: kindergarten, yes or no? Toy it is nursery school, yes or no?

In larger cities and affluent suburbs, some rents are willing to pay almost the equivant of a year's college tuition to send their ildren to what they consider to be the etter" nursery schools. There are several asons: 1) Mothers can return to work oner, enabling the family to afford the ition. 2) Some parents think the best way head for Harvard, Yale, or Princeton is begin with a "better" nursery school.

(This isn't necessarily so.) 3) The everincreasing publicity given to the importance of exposing youngsters to educational stimuli before they are six years old.

Two Sides to the Early Learning Picture

Members of the so-called Mind Builders school believe that millions of children are irreparably damaged because they are allowed to vegetate intellectually until they enter first grade. Psychologists now contend that the roots of intellectual curiosity are laid down in the earliest months of life.

Helping youngsters fully to develop their talents, Mind Builders are convinced, is far more important than investigating atomic power. From birth to six, they point out, a child can learn more, and more rapidly, than at any other time in his life.

In schools willing to experiment, youngsters of three have learned to spell, write, and read by using talking typewriters. In Japan, three-year-olds have been taught to play the violin. It has long been known that at two or three, when a youngster is learning his native language, he can learn a second language more easily than at any other time.

Since the early 1960's there has been a running feud between the educational establishment, people concerned with the social and emotional development of the young child, and the Mind Builders: mathematicians, sociologists, linguists, philosophers, and some psychologists.

The opposing school believes that in the nursery and kindergarten years youngsters should be free of academic responsibilities and concentrate on social and emotional adjustment. The Mind Builders believe children can escape years of drudgery by learning skills when they come most easily. They point out that happiness does not come from play alone. Satisfaction, elation, and inner security, they say, comes from intellectual accomplishment.

Jean Piaget, perhaps the elder statesman of the Mind Builders, does not believe in academic pressure at an early age, but does hold that the more a child sees and hears, the more he wants to see and hear. Furthermore, the more a child copes with a greater variety of situations, the greater is his capacity for coping.

It has already been established that a child's IQ is not static. It can be made higher. The Mind Builders believe that future generations can become more intelligent through better management of youngsters' contact with their environment.

Whom to believe? There is much to be said on both sides. Obviously, we wish our children to function at their intellectual as well as emotional and social peaks. But the Mind Builders have not yet discovered which stimuli may be best for which child or when to expose him to them.

Eventually, good nursery schools and kindergartens will probably borrow freely from both Establishment and Mind Builder philosophies. Until more is known about desirable intellectual stimuli for the very little ones, too much academic pressure probably could be harmful. Also, we need to know more about how children taught at an early age turn out later in life.

The best approach for parents probably is: take your child to the museums, the art galleries, the planetariums, factories and newspaper plants; buy him the chemistry, geology, and other science sets you can afford; buy him all the good books you can,

and take him on all the trips you can. You may light a spark. But don't bludgeon him with culture.

The Montessori Method

Park bench mothers discuss the Mortessori Method so much these days, on would think it the very latest thing. Actually, the method dates back to the turn of the century when Maria Montessori (1870), Italy's first woman physician, set out o discover whether she could do as much to improve the intellectual capacity of normal children as she had done to better the intellectual capacity of the mentally retarded.

Her success was fantastic. In the day-car centers she established for poor Italian chi dren, her pupils were soon begging her t teach them to read.

It was in Italy that Dr. Montessori developed her famous movable alphabet an sandpaper letters. She would show her chi dren in which direction to trace the sandpaper letters with their fingers. The chil learned three things at once: what the letters looked like, how they sounded, an what they felt like.

Soon, the child who had learned his sand paper letters, could compose words with the movable alphabet. One day he could no write by himself, then suddenly he woul "explode" into writing.

Dr. Montessori was impressed by the jo of children who wrote a word for the fir time. She compared them to hens who ha just laid an egg.

Dr. Montessori's ideas spread to the United States but, unfortunately for he they arrived at the same time that intel

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ence testing and the psychoanalytic moveent were at their height.

The Montessori Method was revived, owever, in the United States in 1958, with the backing of many women interested in rimary education. Many of Dr. Montestri's pioneering ideas had become popular gain—such ideas as ungraded classes, reced classrooms, and the encouragement of aildren to be free and ruggedly individual ther than overly adjusted to the group.

American middle-class parents particurly appreciated the fact that the method ught children to read and write at a very rly age. Rudolph Flesch's book, "Why bhnny Can't Read", was all too vivid in eir memories. Another advantage of the ontessori system is its comparatively reanable cost.

For information on the Montessori Methl, write:

> American Montessori Society, 175 Fifth Avenue, New York, N. Y. 10010

irst Experiences in School Need Special Understanding

Whether your child is beginning in nurry school, kindergarten, or first grade, e first days at school are usually a little ard. Even if the child has looked forward going to school, the strange place, the any children, the teacher, and especially e fact that he must stay there, away from ome, away from mother, all can be unttling and possibly alarming. Not only ree and four-year-olds at nursery school, at kindergartners and even first-graders ay cry and cling to their mothers. It does



This school child still needs her mother in many ways.

not help the child to be told to be a big boy or a big girl. And it is even worse for the child if he is scolded or made to feel ashamed.

An understanding teacher sometimes suggests that a mother stay for a while if a child is finding it hard to let her go. Mother may have to stay every day for several days. Occasionally it helps if the mother says she is going out for a while but will come back soon, provided she does come back soon. It is never wise to leave without letting the child know that you are leaving, even if it means that he will cry for you to stay.

Sometimes a child who seemed perfectly happy on his first day suddenly doesn't want to go to school after a week or two. There may be a specific reason. Some difficulty may have arisen with classmates or with the

teacher. Or perhaps the novelty of school has worn off, and the child really misses his home and his mother. If there is a new baby at home he may feel that he has been shipped off to school to get him out of the way.

It does no harm to let a child stay at home for a day or two. Often he only needs a taste of being at home again and perhaps the reassurance of knowing that his mother is still there if he needs her. He may also need a rest from the strains of a new routine and of being with so many children When he is given a chance to catch hi breath, he can usually go back and tak hold.

If you have not visited the school and made the teacher's acquaintance before your child entered the school, you should make a point of doing so now even if there are no difficulties. It is useful to the teacher to know certain things about the child whether he has older or younger brother and sisters, whether there is anything specific.



Kindergarten provides excellent preparation for later school days.

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al about his home life or his past experices, his health, his vision, his hearing, rhaps an allergy. The more she knows bout him, the more easily she can help in fit into the class and handle his school ork and responsibilities well.

Many teachers are glad to visit their pusi' homes. If your child's teacher comes to e you, let the child help to welcome her is wise not to talk about the child in his aring, however. To hear himself talked out by his mother makes him feel small d babyish, especially when she is talking the very person before whom he is trying best to be a big, self-reliant, independent tool child.

Whether your child can go to and from nool by himself, depends on the condins where you live. In rural areas and netimes in large suburban developments ere is a school bus. An older school child the family, or a responsible older child the neighborhood, may be able to take ur child. If the walk to school is short d without difficult crossings, or if it is ll policed, you may be able to let your ild go and come by himself later on. But s best to take him and call for him the st few times, to make sure that he knows w to look after himself on the street and traffic, that he obeys the lights or the ffic policemen, and is careful but not aid. Let your child take you a few times; at is, let him tell you when to wait and en to cross, and lead you safely through ffic to show that he knows how.

If it is possible, be at home when your ld comes home from school, at least at it. Have milk and a cookie for him, or nething else that he likes, and sit down

with him and give him an opportunity to tell you about his day if he wants to. It may help him to absorb the big new experience if he can share it with you. Spending a few cozy minutes together also helps to keep the door open for him to tell you anything that troubles him about school, now and later.

Clothes for School



What matters most to children about their clothes for school is that they should look like their classmates, or at least not conspicuously different. They also need clothes that do not have to be fussed with in school. Bows that come untied, hair ribbons and barrettes that come undone, rubbers that are too hard to put on, trimmings that can be lost, are all troublesome to the busy active school child.

Sturdy practical clothes that the child can manage easily are as important in the school years as in toddler days. In some communities boys and girls alike wear jeans or other play clothes, especially through the elementary school years. On your visit to school you can see what the other children are wearing and dress your child appropriately.

Your boy or girl will probably want to help choose what to wear to school. After the first week or so the child himself may know better than his mother the clothes in which he is most comfortable and at ease, both practically and socially. If your little girl wants to wear her best party dress on an ordinary schoolday, you will naturally explain why this is not appropriate. But within reason the child's own choice can be respected.

Coats and caps, gloves, rubbers or boots and any other articles of clothing that are taken off in school should be labeled. Girls as well as boys need pockets, and there should always be some tissues in one of them.



Learning

Every child is different. The "average" rate of learning is called that only because a majority of children learn at that rate. Some are always slower or faster than the average, and neither is necessarily a sign of stupidity or of brilliance. Good teachers are trained to pay particular attention to children whose rate of learning is different from the average. They have to keep the fast learner from losing interest because the work is too easy for him, and the slow learner from losing interest because it is too hard. The teacher's job is to see that each child progresses satisfactorily at his own pace.

By the time you send your child to school, he will have shown you whether he is able to go ahead more quickly in some skills, more slowly in others. He may in general seem to you to be fast or slow in learning. It is not important for a child to go fast. What is important is that he makes progress according to his own abilities—when he is ready to go on from one stage to the next.

Readiness is a Combination of Physical, Mental, and Emotiona Factors

What does readiness mean? It is a wor used to cover a combination of abilities the develop gradually in the child.

Some readiness is physical. It is a combination of muscular strength, coordination, and control. The complicated mechanism chandling a spoon, or of sounding a work involves many muscles and nerves working together. Reading and writing depending great deal on physical development. A chil is not ready to learn to read until his eyare ready. He is not ready to learn to writing the nerves and fine muscles in harm, hand, and fingers are ready.

Some readiness is mental. The mind must l able to grasp and hold a new way of thin ing and understanding. The letter B and the numeral 2 are very complicated ideas to little child. He must come to understar that this sound he hears, or this odd sha on a sign, means something. He knows spoon when he sees one, but it is something else to read SPOON and know that the too, means the thing he uses to get food i to his mouth. He knows two cookies who his mother gives them to him—"Here's or for you and one for Jimmy-" but that quite different from seeing 2 and knowl that that also means a cookie for him as another for Jimmy. Knowing that one mo cookie makes 3, and two cookies on the tak and two more in the box make 4, or that he eats his cookie there will be one less that is very hard indeed to understand. all this has to become natural and easy him before he can go far with arithmet Counting and multiplication tables can elearned mechanically by some very young aildren, and so can the alphabet. They are repeat the sounds in the same way that they learn to sing-song through Mother coose rhymes or the words of a song. But a learn reading and arithmetic means to elearn meanings. For this the child must be mentally ready.

Some readiness is emotional. This has to do ith a child's experience, his feelings about tings and people, his confidence in himlf and his sense of well-being in his world. earning anything is hard, and the child ho is not at peace with himself may not e emotionally ready to work at the job. he has to want to learn.

Why should he struggle to learn to read? The may have many good reasons: His classates are learning to read. There are interting stories in books. Signs on buildings ake him curious. Words flash on the telesion screen and he wants to know what they say. His cereal box has words on it esides pictures.

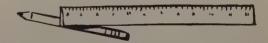
His father and mother read newspapers and magazines and books and seem to entry them. They read to him, too, and he oks at the pictures and hears a word—nere does it say BANG or BILLY? It susie gets a letter from Grandma and ys, "Show me my name on it." A packer comes in the mail on Tommy's birthay—"Look, Tommy, it's for you; it has ur name on it!" The chimpanzee in the o has a name; it is printed on the sign his cage—"What does it say, Daddy?" by asks her father how far away the con is. "I don't know—let's look it up," says and he gets a book and reads the

answer from it. It's too far for Abby to understand, but there are pictures, too, perhaps, and her father can tell her other things about the moon that he reads from the book, things that she can understand.

All these experiences in the young child's life make him curious, interested, eager to acquire this skill that grown-ups and older children have. He sees that it gives them pleasure, tells them what they want to know, shows them the way when they are going somewhere, helps them decide whether they want to buy something or do something. His feelings about reading are pushing him to learn.

Certain kinds of readiness involve all these factors: physical, mental, and emotional. How well is a child able to concentrate? The young child's attention cannot be fixed on one thing for very long. He gets tired of piling up blocks and wants to do something else. Gradually you see him staying with his blocks longer. He builds more complicated structures, struggles for a longer time to get the top block to balance. He can listen to a longer story and can hold a longer conversation. His physical, mental, and emotional development are all involved in this lengthening span of attention.

Learning is Uneven



Growth and development are not measured only by birthdays. A child's age by years is one thing, his physical growth is another, his mental and emotional growth still another. Growing in all these directions is uneven. Sometimes a child's body devel-

opment shoots ahead of his years but meanwhile his ways remain babyish. Another child talks intelligently about things beyond his years, but his physical skills lag behind. It takes time for one or another part of his development to catch up.

Growth and learning are uneven in another way. They seem to go forward not steadily but in jumps and zigzags. Perhaps you noticed this when your little boy or girl was learning to talk. On the surface the child seems to be going along without making any noticeable progress. Suddenly he leaps ahead. He may climb rapidly for a while, and then hit another plateau. He may even slip back. Then, if things are going all right for him, he will forge ahead again. We must remember that a good deal of learning goes on underneath, where it cannot be seen or heard.

The Great Reading Problem

In modern life, children's reading problems have been a major concern of parents and teachers. It seems as though everyone has a theory on why Johnny can't read. Hardly a month passes that a popular magazine doesn't have a story about dyslexia, perceptual handicap, or specific learning disability. Many parents panic and rush their youngsters to the nearest therapist.

Teachers' and parents' concern is understandable. The store of human knowledge keeps multiplying at a fantastic rate. The child who can't keep up with his lessons is quickly left behind. This is further complicated by the fact there is so much discussion about teaching children to read earlier.

Some reading experts believe that overanxious parents and teachers are doing their youngsters more harm than good. While per haps some youngsters will profit from extra help, they believe the greater number of children would do better if parents and teachers were just a little more patient. Be sides, adults' anxiety about a child's reading ability can only add to his frustration.

These experts point out that there is no lasting benefit derived from learning to read at four rather than six or seven. Youngster who begin at a later age, they claim, progress more rapidly and soon catch up with the earlier starters. Youngsters' reading readiness if as variable as any other aspect of human growth.

Actually, they add, while a few youngster are ready to read at five or earlier, a menta age of 6 ½ is necessary for reading and writing with understanding.

Initial problems with reading, these experts say, may be caused by poor teaching somewhat delayed maturation, and inade quate pre-school preparation. For any, or mixture of these reasons, patient help an encouragement should be enough. Some times the boring Dick and Jane readers ar all that is at fault. They just don't hold the child's interest.

But if the child is over 7 and there is discrepancy between his reading ability and his intellectual potential, if his movement are uncoordinated, he has noticeably poospeech, and a short attention span, parent should seek professional help. Check with your pediatrician, ophthalmologist, or special language disorder clinic at your community hospital for the best possible assistance.

Be cautious about where you seek help however. Perhaps all your child needs is some extra remedial reading instruction is



s own classroom. Some teachers are deted, imaginative, and inspiring, but not. The International Reading Association s up standards for classroom remedial ading teachers, but, unfortunately, in any states remedial reading teachers need t be licensed.

Many parents turn to private reading nics. You have seen the ads. Although me do a good job, others do not, and rents can waste thousands of dollars on em. There are also many summer camps th programs in remedial reading, but acrding to many experts, these camps are t of much benefit. Instructors may have the more than one week's training before e camp opens.

International Training Alphabet

Many teaching methods today are based Montessori techniques: using as many thways to the brain as possible to make ildren see, hear, and feel specific shapes sounds of increasing complexity.

Another effective method, recently used the in America and Europe, is the Pitman itial Training Alphabet, better known as A. Developed by the grandson of Isaac man, who invented Pitman shorthand, it alps children get started by eliminating the egularities of English spelling.

The younger Pitman has added 18 new mbols to the alphabet so that each symbol presents only one sound. Each letter says

exactly what it means. Once a child has mastered this system, he can read anything written in this alphabet and write anything he wishes, phonetically. Transition to the ordinary alphabet is said to take place without difficulty. The quickest students who start ITA in first grade can usually make the transition to ordinary spelling around the middle of the first year; the slower ones in the second.

England's Prince Andrew did so well with ITA, which he started learning when he was four, that his father, Prince Philip, wrote to President Johnson when he was in office urging him to look into the method.

How to Cope with a Learning Disability

Seven-year-old Jimmy reads "was" for "saw." Jane can't tell her left hand from her right. Susan handles her pencil clumsily. Bobby can't concentrate. Jane's speech seems confused.

Your child could have any one of these learning blocks yet be perfectly healthy, intelligent, and have normal eyesight and hearing. His problem may be just that he's a late starter, has a poor teacher, an emotional conflict, a hereditary development lag, a low-grade physical ailment, or a mild learning disability. What should you do?

Look back. Early symptoms of learning disability are slowness or awkwardness of movement, an inability to develop a sense of up and down, time, touch, or distance. He may be overactive or underactive; he may display changeable emotions. Educa-

may display changeable emotions. Educational symptoms are noticed in his schoolwork.

Fortunately, many of these characteristics vanish with the natural maturing of the

central nervous system. Very bright children learn to read well later when they have more motivation for wanting to read.

Medical researchers now believe that some of these learning difficulties may be linked to complications of pregnancy or birth. Current approaches to the problem vary widely. Ideally, the child should have both a physical and an educational checkup, including a neurological examination and a full checkup of vision and hearing. The educational checkup should include an analysis of the child's school record, psychological tests, and an evaluation of his speech and coordination.

Specialists use many diagnostic tools. They measure visual-motor functions and focus on psychological areas related to language abilities. Many use phonics tests to analyze a child's ability to relate sounds and symbols. Many methods begin with helping a child to develop a "phonetic ear." The youngsters work with sounds, build them into words, then into sentences. Thus they learn to read, write, and spell at the same time.

Beware of quacks. Before taking your child to a learning clinic, check it out. Inquire about it at your community university or at a hospital or center which deals with child development.

Encouragement is Good Medicine, Especially for Underachievers

Discouraging as a child's learning problems can be to parents with high hopes for their youngsters, they must try their utmost not to show their disappointment. A glum look, a tight lip over a report card, a sarcastic remark, an insidious comparison with an-



other youngster—all can be devastating to the underachiever.

Home pressures piled upon school dis appointments will almost always fail. The underachiever is often what he is because pressures to succeed have been too heavy for him. He has pulled out of the race for which he was not as well-equipped as he migh have been. Cheating increases in proportion to emphasis put upon a goal beyond th reach of a particular child. Children nee goals for which they can see immediate re sults. They need motivation, not scolding o pressure, to reach their potential. Under achievers usually begin to find themselve when their teachers encourage them an parents accept them with warmth for wha they are. Now they see themselves as peopl of value, a concept without which failure i sure to result.

How You Can Help Your Child to Learn

Parents naturally want their children to do well in school. They often try to help but unless they know how to help, their eforts may actually make it harder for the child to learn. Here are some ways in which you can be sure you are helping and not hindering your child in his school work:

- 1. Help Him to Keep Well. Some illnesses d absences from school cannot be avoided, becially in the first years at school when ds and childhood diseases go the rounds the class. But a child whose general health good can usually recover more quickly an a child who is below par.
- 2. Help Him to Get to School on Time. Most althy children who get enough sleep can up in good time to dress, eat a nouring breakfast, and get off to school witht hurrying. If a child is habitually late gets off to a bad start. Hurrying him o makes a poor beginning for the day d a poor attitude toward school. Many thers avoid morning confusion by helptheir children choose and lay out clothes ey will put on in the morning and get ir school books, papers, pencils and anyng else they will take along, all in order night before, as part of getting ready bed. Buy your school child his own clock he won't dislike you for waking him up.
- 3. Help Him to Have a Good Breakfast. It is ong time since last night's supper, and it I be a long time before lunch. The child to hurries off to school without a nourish-breakfast is likely to be tired and list-before the school morning is over.
- the Help Your Child to Make the Most of His me. Often a child feels pushed and hurd, not because he has too much to do, to because he cannot organize his time. In the has household chores, try to give a tasks that do not take time from his pool work and outdoor play. Music practor other out-of-school lessons should make great demands on his time, espe-

cially during the early school years. The child needs time for his friends and for his hobbies and interests, which are often as important in his own development as his school work. Boys and girls also need time to "waste," to dawdle, to dream, to do nothing in particular. A schedule that accounts for every waking minute leaves no time to rest, think, absorb experiences, and grow.

5. Help Your Child to Keep Up His Interest in His Work. Girls and boys learn best when they have a strong drive to learn. This is not encouraged by scolding, nagging, or punishments for failures, nor even by rewards for success. It is not encouraged by comparisons with a sister or brother who is more successful, or a friend or neighbor's child. It is not encouraged by a father or mother saying, "I never had any trouble with spelling." What does help a child is a kindly, friendly interest in what he is learning. Conversation at the supper table, trips to see things and widen his experience, a good choice of books around the house, a good choice of television programs, an attitude of "Let's find out," all help a child to see the usefulness of what he is trying to learn and to enliven his interest in his work. Take time to let him tell you what he knows and wants to tell. If his knowledge is limited or incorrect, be careful how you correct him. When he asks questions answer them as well as you can, within the limits of his understanding. Don't overwhelm him with information, and don't ever ridicule him for mistakes. A younger child often needs protection from the scorn of older brothers and sisters who are further advanced. The older children can learn a lesson in courtesy and patience from the way father and mother talk.

6. Give Your Child Opportunities to Enjoy Suc-

cess and Achievement. Sometimes the going is so hard for a child in one subject that he becomes discouraged about everything. When a child is steadily made aware of his failures he is likely to give up trying. "I guess I'm just dumb," may begin as a joke, but a girl or boy may end by believing it. Help your child to have some successes. Arithmetic may be a stumbling block, but a boy who likes carpentry will find that he needs arithmetic to measure accurately and plan a job. A girl who sews well needs arithmetic to measure, too, and to estimate how much material she needs. A child who enjoys science experiments finds he can learn a great deal that he wants to know from books, and this gives him incentive to learn to read even though reading comes hard.

Homework: How Parents Can Help

In the early grades children are not given homework to do. They may bring home school books to read, and in some schools an arithmetic work book may be taken home for extra practice. Homework, or school work to be done at home, is not usually begun until the later grades of elementary school, and then it is given in gradually increasing amounts.

Boys and girls often ask their parents for help with homework. A puzzled youngster trying to work his way through a set of problems which he did not understand when they were explained in school is surely in need of help. Often, however, his parents cannot do him much good. "But we don't



This boy needs help in wanting to learn.

Metropolitan Li Insurance C

do it that way in school!" the child says more puzzled than before.

Methods change from one generation to another in school. Getting the right answer to an arithmetic problem is less important than learning how that answer is arrive at. Unless the parent can inform himself about the methods used in his child's school it might be better to keep hands off of teach ing, but to encourage the child to keep try ing to work things out, and to go to his teacher for further help.

However, parents can help children wit their homework in other ways. They ca provide a quiet, well-lighted place for home work to be done, with a desk or table an chair of the right height for the child. The can help the youngster to plan his after school hours so that his homework gets done Often a child puts off his school tasks unt the last few minutes before bed-time, an then either he is hurried in his work or h bed-time is delayed. Meanwhile his free time is not really free either, because the thought of his homework still to be don hangs over him and spoils his leisure hour Boys and girls do discover how much plea anter their free time can be when they a not worrying about getting their home work and other tasks done

talk this over with your boy or girl, help choose a time that does not interwith outdoor play, and with home res, music practice, or whatever other onsibilities the child has. For many chilathe hour before supper is a good time nomework.

nother way to help your child is to enrage him to look things up. Have at d some appropriate reading in connecwith his school work. By the middle ool years the child's home bookshelf ald include a dictionary, an atlas of upate maps, and of course, the BOOK-ELF FOR BOYS AND GIRLS.

Give Your Child Some Free Time Too

with every possible social and cultural ntage, some parents set up after-school dules for their boys and girls that would he energies of a corporation president. ith French lessons, dancing lessons, is lessons, art lessons and horseback ridessons piled on top of their already deding school programs, many youngsters pward-striving middle class families t know what it is to have a moment to

r these over-scheduled youngsters, one essor of education foresees only eventual ous breakdowns and heart attacks. In, he asks, does the child have an opanity to grow privately, quietly and pendently or have the chance to be just elf? Especially when childhood experi-

ences enjoyed to the full are the best preparation for becoming a mature adult.

Anxiety on the part of parents is understandable. So much more knowledge and skill is demanded of each new generation. But must youngsters be completely deprived of their childhood? Research has shown that quiet times are as good for the mind as the spirit. What such youngsters need is a little *intelligent* neglect. Thomas A. Edison and Albert Einstein were considered dawdlers in their youth.

Before adding still another activity to your youngster's already crowded schedule, remember that with all the leisure time his generation is expected to have, he will have the rest of his life to develop avocations.

"Naughty" Words

One of the first bits of knowledge a child is likely to bring home from school is bad language.

The new sound of swear words or bathroom words on your child's lips does not necessarily mean that he is going about with bad companions or developing a bad habit.

Any child from any background can, at times, produce a shockingly colorful vocabulary. The minister's son experiments as often as the salty Marine sergeant's. A child does not have to hear an objectionable word more than once to remember and use it. Children, particularly the very young ones, react more to the feelings behind spoken words than to the words themselves.

When a child hears an adult use a socially unacceptable word in anger, he quickly picks up the clue that this is the word to use when he is angry. Or a child may use words he really doesn't understand but senses are a bit wicked, to make him feel important. He'll do this especially if he can shock his parents and create a little excitement.

At two, three, and four, youngsters don't have the vocabulary to express their bad feelings, so they often resort to naughty words. A parent can forcefully prohibit them or reward a child for not using them, but in either case all he or she really accomplishes is bottling up the child's emotions. The words may then pop up again at 14, 15, and 16. They won't have disappeared; they will only have gone underground.

The problem must be approached with delicacy. Relax and summon your sense of humor. By not being shocked or alarmed you have solved 90 percent of the problem. Consider the situation from this point of view:

The child doesn't understand what the naughty words really means. You're embarrassed, face it, because you wonder what the neighbors will think about the vocabulary you must be using at home. Remember, this is merely a phase which most youngsters go through.

Punishment, like washing a child's mouth out with soap, is the worst approach. Yet parents who use unfortunate language themselves seem to be the first to resort to this stupid method.

Strong disapproval may make a child either resentful or fearful. It almost always makes using the naughty words more tempting. A spirited child may react by using the words more than he would otherwise, though maybe not in your hearing.

Experiment with different approaches. If despite your concern, a specific situation strikes you as funny, laugh. Your child may

lose interest in such talk. In another situation, however, laughter could possibly encourage him to use the word again. He may think he is entertaining you.

If he uses bad words to tease, perhaps he needs more interesting things to do. If he uses them to express anger, you can be glad that he has at least developed beyond the biting and kicking stage.

Of course, you will let him know that you do not like these words and that they shou a lack of consideration for others. If he wants to know what words he can use when he is angry, teach him to make up inoffensive nonsense syllables that will give him release. Or teach him to use long words like "unmitigated prevaricator." He'll find it fun.

Sex Education in the Schools

Schools have taken the initiative in conducting sex education classes because so many parents shrug their responsibility totally, or pass on their own complexes, or give their children blatantly incorrect information.

Obviously, answering a child's questions about sex at the level of his understanding is the combined responsibility of both parents. Ideally, a child should learn gradually about sex in the atmosphere of a loving home. This information should be supplemented by additional guidance at his place of worship, if he goes to one.

Educators feel, however, that sex is discussed so openly on radio and television and so vulgarly exploited in movies and advertisements that children may pick up incorrect information very early. They believe it is much healthier for the child to receive the correct information — correct

ns and correct physiology — in the course his fifth or sixth year at school. And ngsters who have had such training seem ppreciate the confidence shown in them. The big problem is: Where do you find proper sex education teachers and ugh of them to go around? If you object he specific teacher in your child's school, tup to you as a parent to make your voice rd.

f you feel that your child's sex education your sole responsibility, it is your duty make sure you are not passing on any misceptions. Study the book we send you on subject. Ask your doctor, your psychologous, or your children's librarian to recommend others if you wish. And if you are lest enough to admit you find the subject icult, discuss it with your physician or a chologist.

Feeling Too Big or Too Small



The new schoolboy or schoolgirl may appoint you by being not better behaved in before, but more bumptious and diffet to manage instead. Partly this is the d's natural reaction to having to mind behavior and fit into the routine during long hours in school. Even where school cipline is not severe, most boys and girls certain restraints just because they are stinuously under the eye of a strange alt and must do whatever is required of group.

Some of this self-assertiveness is due also to the feeling of being suddenly big enough to go to school. So much independence is exhilarating. The child feels challenged to try out this new strength on his parents.

To some extent this behavior is also an expression of relief at being safe at home again. He is glad that he has survived the strange experience and is back in familiar comfortable surroundings.

Sometimes children react in the opposite way, by going back to babyish behavior for a while and wanting to be "babied" at home. Some children take longer than others to get used to the teacher, the surroundings, the strange routine, and the large number of children in the class.

Whether your beginning school child comes home feeling too big for this new experience, or too small, you can take his behavior as a passing phase. He may need some special comforting attention, or he may need more physical activity during after-school hours to get his discomfort out of his system. It will help the child over this period if his mother or father can spend a little extra time with him right now, perhaps giving him a chance to talk about school if he wants to, or maybe reading an old familiar story or playing a game.

The school day is strenuous for the beginner and it is hard for some children to go to sleep the first few nights. Taking more time to get ready for bed usually helps a child to settle down to sleep.



The School Child and His Friends

The child going to school meets a variety of children out of homes and backgrounds more or less different from his own. For the first time, he can actually choose his own friends. Sometimes his choice surprises his parents, and it may even displease them. The youngster he invites to come home with him after school may not be at all the child they would choose for his companion.

The five or six or seven-year-old makes quick friendships and changes them quickly. What is important to him in a friend may not be easily visible to his mother, but it is his choice for now, and he is entitled to his parents' forbearance and confidence.

A child is born without prejudices, and learns judgment only by experience. The fact that his friend is of a different race or religion or nationality, or a different family background does not trouble a child, nor should it trouble his parents. In these early school years your child will get whatever it is he wants from this friendship for as long as it lasts. It will harm him more to have his mother disapprove of his friends, on grounds that have no meaning for him, than to be allowed to have a questionable friend of his choice. What is important is that the child is learning to meet other children and to get along with them. It is important for the child to feel that his home is a good place to bring his friends to, that they will be welcome there. If you find that the friend is introducing a kind of play you don't approve of, keep their play under your supervision and let your child know that you disapprove of the activity, not the friend.

At six, seven, sometimes even at eight, boys and girls are likely to be equally good

friends with one another. Through these years, girls on the average are not as big or as strong as boys, but an individual girl may be sturdy and active enough to be a good companion to an individual boy, and their interests are not yet very different. Between eight and nine, however, differences in interest become more marked, and taste in friends becomes more and more limited to the child's own sex. But even at this age boys and girls play many of the same games, together and separately, and many children have friends of the other sex.



Silliness is usually just a phase.

R. Zucker

The Gang

At this time "best friend" seems most important, but usually a group of friend take the place of the single all-absorbing relationship. The gang, the crowd, or the bunch dress alike, talk alike, and seem benon being as like each other as possible Sometimes the dictates of the gang or crown

in conflict with the wishes of parents. ents may be disturbed to find that the g's word, and not theirs, is the law.

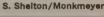
arents, and the children too, worry etimes because the gang may cause a lot heartaches. Fortunately, however, true it in a child is usually recognized in time children of school age. It is part of growup for boys and girls to attach their alties to friends of their own age.

However, boys and girls of eight, nine and are still children. Their judgment and erience are limited. They still need the e control and guidance of their parents.

Sloppy clothes, careless language, and crude manners are likely to crop up during these years. There are annoying but not necessarily serious. They are generally passing phases.

But serious excesses can occur. Gangs of boys and girls can get into trouble, and even take to violence, in their hurry to be grownup. Children as young as eight sometimes behave destructively. The child who is part of a gang has transferred his dependency from the parents to the group, and he can be swept along into behavior that he would not indulge in on his own. Street fights, property damage, group stealing, and raids

School children of different racial and religious groups learn democracy as they pledge allegiance to the American flag.





on schools and stores may be the result.

The children who get into these forms of wildness are not only from crowded slums or poor homes. Often they come from comfortable homes in spacious well-kept suburbs, and their parents are law-abiding, respected citizens.

Some of the causes of this kind of behavior are beyond parents' control. Stories of violence and lawlessness cannot be kept from children's knowledge. Even where parents keep their children from watching strong television programs, keep violent crime comics out of the home, and choose carefully the motion pictures their children will see, children of this age cannot be sheltered from all knowledge of violence. They see the programs they want to see in their friends' homes, and forbidden comics are passed from hand to hand. Scenes and stories of violence occur in books and advertisements, in the daily newspapers and the pictorial magazines, as well as in people's conversation. These may put ideas into a child's mind but they do not make children commit acts of violence if their lives are otherwise satisfying. In the confusing times we live in, however, it is certainly true that many children seem to lack more wholesome outlets for their energies.

Tattle Tale

Just about age five, children want to do things correctly. They begin to see rules are necessary to achieve the results they seek. They start to play games which are governed by rules they themselves do not make up.

Sometimes, they go overboard. They check on other youngsters and are overstrict with themselves. This may lead them, girls especially, to tattle to parents or teachers.

A child who tends to tattle may need help. He may be showing you he is worried about doing the forbidden himself and wants to check — just to be sure of the rules. Or, he may need help to express himself more spontaneously.

Some tale-bearers are envious and seek the comfort of approval. Parents should make more effort to give these children the approval they need and give them quiet assistance in learning how to win approval from their peers without talking.

Should You Teach Your Child to Fight Back?

When a bully strikes out at your child for no apparent reason should you teach him to fight back or walk away? Perhaps the best course is a middle ground.

See to it that your children are physically fit and taught enough about effective fighting to protect themselves or stand up for their rights. But at the same time teach them an understanding of when this is necessary and when this is not.

It is important that your child realize why some people are bullies and name callers. Children who do this do so not for any inferiority in your child but for a sick ness within themselves. By striking out and pulling others down they feel superior for the moment. The youngster who call others "chicken" very often feels "chicken himself.

Name calling does not demand reprisal "Sticks and stones may break my bones, bu words will never hurt me." Striking back it this case is senseless and there is nothing to

gained. Violence sets more violence in tion. The beaten bully will only plot w ways to strike back.

If we are to prevent violence from breedviolence we must instill in our children knowledge of the worth of self-control. the temporary security that comes from afidence in physical strength must be reced by the more enduring security that the present of the present of the preced by the more enduring security that the present of the preted by the more enduring security that the present of the preted by the more enduring security that the preted by the more enduring security that the pre-

Developing a Sense of Responsibility

The school years are years in which parts quite reasonably expect a growing sense responsibility in their boy or girl. They ok for the child to take care of his own om, his clothing and his possessions. They nk he should know when to come home meals and for bed. They want him to them know where he goes and when he l be back, and they are likely to be anyed with him if he does not arrive when bected.

They are annoyed also when he neglects chores and his homework, forgets erads, and commits other sins of omission. good deal of the nagging parents do arises to firritation because they have to read their child of so many things that he ght to remember by himself.

It may help to take some of the irritation of parents' feelings and voices if they represent that a sense of responsibility relops gradually and slowly. The child of ool age seems self-reliant in so many ys that adults are often deceived into the height as grown-up on the inside as seems on the outside. He does actually lose that adults are does actually lose

track of time. Just as when he was younger, his remembering is still to some extent dependent on how important the thing to be remembered is to him. He continues to need reminding.

Many of the things adults require of the child that are important to them are not so to the child. It takes some maturity to understand that not coming home on time or not letting his mother know that he is going to be late may cause her both inconvenience and anxiety.

Boys and girls also, just for independence' sake, rebel sometimes against many of their parents' requirements. Billy sees no reason to stop to make his bed on Saturday morning when the team is waiting for him to start the game. He is the one who will sleep in the bed, made or unmade. Why should his mother make such a to-do? Susan can't see



why she should be expected to tidy her room if she doesn't mind the disorder. It's her room, after all. Mothers who don't like unmade beds and untidy rooms are sometimes advised by their children just to close the door!

When parents find themselves reminding their children too often, they may well ask themselves whether they are not making too much of small things and forgetting the big ones. If every trivial demand on a child is given the same importance, the child himself has no standard by which to measure what is really important.

Home chores, care of pets, managing

their own spending money, having a job, are all ways in which children gradually develop a sense of responsibility. They learn responsibility to the family, to their classmates, to their teams, clubs, and groups. Their developing feelings of importance and usefulness help them to learn the meaning of responsibility. The team depends on Johnny to be on the job at first base. Mrs. Jones depends on Eleanor to bring little Bobby home safely from kindergarten. Teacher depends on Dick to see that the classroom readers are properly stored on the bookshelves.

The child may wish he did not have to do this particular chore at this particular time, but the knowledge that someone is counting on him, someone he cares about whose good opinion is important to him, keeps him from shirking the task. A sense of responsibility develops out of caring, not necessarily about the task or duty in question, but about the good opinion of the person or persons involved. Knowing that someone appreciates his doing the job is part of this feeling of responsibility.

The child also develops a sense of responsibility toward himself. Getting homework done may at first be a way to win the teacher's good opinion, or a way to please his parents with a good report, but after a while it is something he does for himself. Managing his allowance is quite clearly something he does out of responsibility to himself too. Controlling his behavior, choosing his friends, guiding his conduct according to standards of honor and decency, are all forms of responsibility to himself that he is expected to develop during these years.

To be capable of this kind of responsibil-

ity, the child has to care about himself and think of himself as a worthwhile person. This feeling about himself grows out of all his relationships, and especially the relationship with his parents. His parents must love him, he will realize, since they take the trouble to guide and correct him. They have confidence in his growing up all right. All this gives him the feeling of being worthwhile.

Children also need to be given responsibility in order to become responsible. Knowing your child, you can gauge how much responsibility he can take at various stages in his development. You know whether your six-year-old can be trusted to go to school alone in safety, and whether your nine year-old can bring back change of a tendollar bill. You know because you have given your boy or girl increasing responsibility, little by little, from as far back at the toddler years.

You encourage your child in developing responsibility every time he does a job well and you tell him so. You encourage him every time you entrust him with something reasonably important, and he knows you have confidence in him. You encourage him when you let him know once in a while how even the trivial irksome chores he has to do every day are valuable to the whole family's comfort.

You encourage him when you show him that responsibility works both ways, and that when you promise to do something for him you keep your word. You also encourage him in responsibility when he see that you do what you promised to do fo the PTA, your church group, or the community, even though he may be incommunity, even though he may be

nienced by your doing it.

A sense of responsibility is quite a growno matter. Parents cannot expect it to apcar overnight when the child starts school. requires patient cultivation and an exnple from the parents and other adults.

Honesty and Truthfulness

Most children tell untruths at some time their growing up, usually to escape a punhment or gain an advantage. Most children cheat a little sometimes in a game may want very much to win. Most children take a coin or a pencil, a toy or a trinket, and defend their ownership of it staunchly iterward if they have to.

Human beings are not born honest, truthil, or honorable. A trustworthy person is a
serson who has become trustworthy through
the many stages of childhood. Parents natrally want their boy or girl to grow up
to mest and truthful, and they may feel that
the only way to make sure of this is to punth severely every instance in which their
mild departs from strict standards of trustorthy behavior. Punishment may keep a
mild on the virtuous path, through fear,
or a while. But it is much more likely only
to make him more clever at not getting
the time.

The young child does not understand the fference between truth and fantasy. He does not know the difference between mine and thine. As he grows older he learns to ake these distinctions, but he is still a longary from knowing the value of truth and donesty.

Gradually he comes to realize that there something to this matter of honesty. He is always known (we hope) that he could

count on his parents to tell the truth. He finds now that he wants to be able to count on his friends to tell the truth. He discovers that he does not like a classmate to sneak his pencil away from him or take a cherished possession when he is not looking. He becomes angry with a playmate who cheats in a game.

Once the child discovers that he—and everybody else—likes and admires people who can be trusted, he decides that he would like to be that kind of person, too. Cheating, lying, and stealing gradually become distasteful to him. He does not always succeed in his efforts toward honesty. Sometimes he is so afraid to tell the truth that he lies his way out. Sometimes he has such a powerful longing to own something not his that he takes it.

When a child slips in these ways, he needs help. But being called a liar or a thief or a cheat does not help him. It only confirms his own guilty feelings and makes it seem hopeless that he can ever learn to be trustworthy. He needs someone—parent, teacher or perhaps an older friend—to reassure him that even though he slipped this time, he will do better if he keeps trying. Any child has to be trusted in order to become trustworthy.

What punishment cannot do, example and encouragement will almost always accomplish in the course of the child's development. When a child is getting enough love and encouragement from his parents and is not pressed to do more in school or out than he is able to do, he generally learns to live up to his parents' standards of trustworthiness. If a child continues to tell tales, pilfer, or cheat when he is well grown, it

may be a sign that he needs more help with special problems that are troubling him, and then his parents would be wise to seek counsel from a professional psychiatrist.

Safeguards against Delinquent Behavior



Children of this age need adventure. In the life of the overprotected child there is very little opportunity for real adventure and excitement. We will have to find ways to provide such experiences safely, both at home and in the community.

Children also need authority and control. When they do something that they know is wrong they feel guilty and uneasy. It is not good for them when their parents excuse their behavior because they are "just children," or by saying, "Boys will be boys." Even though it is part of their growing up to fight against authority and control, they are actually happier when they know that their parents will not let them do anything really wrong.

Children need good guidance and satisfying interests outside the home, as well as inside. Teachers and leaders of Scout troops, church and community centers can give children activities, adventures, and adult leadership to satisfy the needs of these years.

As a parent you can protect your child by meeting his needs in these ways:

1. See that your boy or girl has a variety of interesting things to do and good opportunities for exciting adventure and satisfying experiences besides the daily routine of school and home tasks.

- 2. See that your boy or girl has an opportunity to make friends with a teacher, group leader, camp counsellor, or other adult.
- 3. Make your child's friends welcome in your home, even those you do not always approve of. In this way you help to keep contact with your child, and you know who his friends are. If you disapprove of some friends or some kinds of behavior, talk this over with your boy or girl, but not in front of the friends or even before brothers and sisters. If the group is too noisy—or perhaps destructive-while visiting, stop them; but it is best to do this pleasantly and courteously, and to offer some other activity. Sometimes a snack is the best remedy for too much excitement. It is also a friendly hospitable act to offer food and drink to guests, and your example of courtesy will not be lost on the children, your own and the visitors, however unmannerly they seem.
- 4. See that your child has reason to take pride in his home and his family and to feel that he is a valuable member of it. Listen patiently to his opinion when he gives it. Ask his judgment in matters he knows about. Let him choose places to go, things to see and do together. Let him invite a friend or two to go along if he likes. An outing on which there are others besides the family is sometimes more fun for boys and girls of these years.
- 5. Do what you can to give your child reason to take pride in his school and his community, and to feel that he is valued there, too. Parents can do a great deal in this respect by taking an interest in school

d community matters. Working together school projects and neighborhood prots gives children a strong satisfaction, the ling that they are important and needed. 6. See that your child has some responle tasks. If possible, let him choose which the home chores he wants to do. Let him ke over jobs that he thinks he would like do. If he slips, or forgets, or if he seems shirk even a task of his own choice, rend him in a friendly way. He may have ten off more than he can chew. Perhaps time can be better arranged with your lp. But be careful not to let him feel that he is failure. He needs your approval through ese years as much as ever and he needs e experiences of success and achievement wholesome directions. If your boy is escially good at fixing the hinge on the door stopping the dripping faucet, it will give n a wonderful lift to hear that you think Your girl likes to know that she is good th the baby or that her fruit pudding or r cookies are a favorite family dessert. u may not get the hinge fixed or the okies for supper exactly when you want em. Children in these years have many nflicting interests, and they generally feel at the family can wait while friends can-

entually.
7. See that your child has real independence in every way that does not interfere the health, safety, or good conduct. Let ur child choose what to wear to school thim have the freedom of his own room denis own things, even if the effect is disterly most of the time. Frequent remindence constant correction, warnings and caunts too often repeated end by not being

t. But good feelings bring good results

listened to at all. A good talk now and then on a cooperative rather than a warning basis, accomplishes a great deal more, and keeps the relationship warm and friendly.

8. See that your child knows where you stand on important matters. If you have strong opinions about something that is going on among neighborhood children, say why you feel as you do. Boys and girls need to know what their parents' standards are. Your child expresses the feelings of his friends and schoolmates. It is important to you to know what these feelings and opinions are. You will not find out by prying. But you are likely to find out if your child has an opportunity to tell you and if he feels that you will listen to him courteously and respect his right to express his ideas. You are likely to disagree with your boy or girl in many matters, and tell them so. You may not seem to win them over on the spot. But in the long run home influence is the strongest in children's lives.

9. See that you do not expect more of your child than he can do. Parents find it hard to enforce on their own child rules that are stricter than his friends' parents lay down. You may have to enlist other parents about some rules of real importance, such as not going to the pond or the beach without an adult, or being home by a certain hour. A child who feels secure both at home and with his friends can sometimes say, with pride as well as regret, "My parents don't want me to do that." But it is often too much to expect a child to hold out alone against his friends, and risk being called "sissy" or "chicken."

10. Let your child see a good example of responsible behavior in you. Children of

these years often seem not to listen, but actually they hear and see a great deal. A father who boasts of a traffic rule he broke without getting caught is not teaching his boy responsible citizenship. Your way of talking to sales people and service people, your dealings with shops and stores, your ways of handling money and obligations of all kinds are all powerful lessons to your child, especially during the school years. Not what you tell the child to do but what you do is the model for your boy or girl.

New Interests and Hobbies

School and school friends usually bring a flood of new interests into a child's life. Hobbies, collections, and handicrafts are discovered. Many children jump from one to another of these new activities, unable at first to settle on the few that really interest them. A certain amount of trial and error is to be expected. Don't be surprised if model planes or trading cards or cereal box-top prizes seem all-important for a few weeks and then are entirely forgotten.

Try to give each new interest house room as far as possible, and don't discourage the child unless his hobby is really bad for him or too inconvenient for the family. With good will on both sides, some adjustment of space and convenience can usually be made. It is not necessary to take each enthusiasm too seriously, however, and certainly not to the extent of making an investment in expensive or elaborate equipment. The child will understand if it is explained to him that he can try his new hobby out in a modest



way and see if he really wants to go ahead with it. He can also be encouraged to save his own money for equipment he may need. (The subject of money in this and other connections is taken up later in this section.)

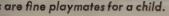
A child's hobby or interest may stem from school work or it may be entirely unconnected with it. It may lead to the development of some special aptitude and later vocation, or it may not. Whether it helps with school or directs the child's interest into a useful field is not important as so many parents seem to think. The hobby or interest itself has its own value to the development of a boy or girl.

By the age of nine, ten, or eleven a child may be spending tireless effort on a hobby and going to books and other sources for further information. The subject may not be so obviously useful as science, costume design, photography, or electronics. But really strong interest in almost any subject can help a child develop concentration, persistence, ingenuity, and many other capabilities that are not always apparent.

It sometimes happens that a hobby takes a child away from other wholesome activities. Parents may feel that their boy or girl is not getting enough outdoor exercise or does not have friends. A boy or girl who is not good at games or who has trouble making friends may use a hobby as an escape from something in his life that is too hard for him.

When this seems to be happening, it is wise to look into the situation and see if something is wrong. The hobby in itself may be an excellent thing for the child but it should not deprive him of other normal activities that he needs







R. Zuckerman

child likes his parents to show an inest in his hobby, but he may resent it if interest amounts to interference. He its his hobby to be his own. Too many iks on the subject, too much equipment, much talk about it may dampen his husiasm instead of kindling it. He can be discouraged if his parents constantly ect him to be learning something or to w some useful results from his hobby. It enerally best to show a friendly interest to let the child enjoy his chosen activity his own way.



A Pet for Your Child

fost children crave a pet of their own at e stage of their development. A pet sats a variety of feelings in the child. It is ll and needs caring for, and this gives a ll boy or girl a feeling of being big. It

can be loved and played with at will. A puppy and a kitten and some other kinds of pets also give back devotion. Some children want pets so intensely that they regularly adopt stray kittens and puppies, or bring home turtles, frogs, even pet snakes.

In most families it is possible to include a pet of some kind, and for the child's sake it is usually worth taking the trouble. Trouble is what it frequently means. For however badly your child wants his pet, however much he loves it, there is no guarantee that he will take responsibility for the creature's care. As often as not, mother has to feed the cat or clean the parakeet's cage or the fish bowl.

This can become a source of irritation especially if the pet came into the house on condition that the child would care for it. Actually that is an unworkable bargain. Most children will promise anything to get a pet, and they really intend to keep the promise. It is mother's error if she takes it literally. Most young children simply can-

not live up to this or any responsibility every day without fail. It is part of being a child to forget sometimes, to put off doing things sometimes, to persuade oneself sometimes that it really doesn't have to be done at all.

If the child looks after his pet a good deal of the time that is as much as should be expected. At least through the early school years, most mothers manage to take care of the dog, cat, bird, or other pet the rest of the time, knowing that even though it is often neglected by its loving owner, a pet is an important part of childhood experience.

Team Play in Games and Athletics

From playing alone or with one or two children, the boy or girl of school years becomes acquainted with larger groups playing together, and this develops into team play. Being "on the team" becomes a goal for many children, and many of them get a great deal from it. They learn what it means to work along with others for a common goal. They learn that they must get over babyish ways like showing bad temper, take a certain amount of physical roughness without tears, and be concerned with the feelings of others. They learn about fairness and honor and being a good winner or loser. They come to consider the team's success more important than the success of any individual.

Team games also have some disadvantages. Especially in a large school, the most skillful athletes are likely to to get more opportunity to play than boys and girls of ordinary ability. Athletic stars often get more recognition, even adulation, than is good for them or for their classmates. A youngster who is only fair at baseball or

basketball may drop out even though he wants to play and enjoys playing. Many boys and girls lose the opportunity to improve their athletic skill simply because they are not good enough to be on the team, whether it is for the class, the school, or the neighborhood.

If your boy or girl is not getting enough fun out of team games in school, you may be able to help start some games in the neighborhood. A volleyball court needs only a clear space and a net. A softball field may be harder to provide in crowded districts, but perhaps there is a park or play area where games can be arranged for. The Y's, community centers, church centers and clubhouses can be investigated for possible use of a basketball court.

If the neighborhood does not have enough interested youngsters for a team, a club or after-school play group may be the answer for your child. A few weeks at a summer camp often gives a boy or girl enough practice to encourage a greater interest in team games during the year, either at school or elsewhere.

Keeping a good balance for the youngster who is a talented athlete is also important. Success in athletics can overshadow everything else, to the detriment of the child's school work or other development.

A father cannot be blamed for taking pride in his boy who turns out to be a baseball or basketball star. But the child also needs his father to give him a sensible attitude toward his success. Only a few child athletes go on to become professional players. The great majority need to learn to take athletics in their stride and to pay more respect to intellectual and artistic forms of achievement.

Swimming and Other Individual Sports

Some boys and girls are not fond of team nes and are happier in individual sports h as tennis, swimming, or ice skating. ementary public schools usually do not ve the facilities for individual sports, alough some large high schools do have m and encourage tennis and swimming. d here even those who are not "best" enjoy these sports.

Most parents want their children to learn swim and to know how to take care of themselves in the water. With public swimming pools and beaches available almost everywhere, and instructors provided by the town in many cases, most boys and girls can and should learn to enjoy the pleasures and benefits of swimming. Swimming is generally considered the most perfect exercise for the entire body. A child who is properly taught also gains confidence, courage, and judgment, and has a practical skill that may be of use in saving his own or another's life some time.

Parents need to be aware of the moment when the swimming lesson, for example,



tball.

P. Conklin/Monkmeyer

ought to stop and the sheer fun of playing together in the water take its place. Parents must also take account of their child's fears—fear of the water, fear of falling on the ice when learning to skate—and not force the youngster to be braver than he feels. Every frightening experience intensifies fear. Especially when a child is afraid of the water, a slow gentle approach is always to be recommended.

It is no disgrace to be afraid of the water. Every good swimmer has a wholesome respect for this fear. A child's terror is, of course, of a different kind, but it is just as real. In addition, some children feel the cold more than others. A child who has never been in any water but his bath has every reason to hesitate before stepping into a large body of chilly water.

Most children, if left to themselves, play happily at the edge of the water and become gradually ready to venture farther. A child may be willing to be carried and dipped, as long as he is safely held. At the first sign of alarm, no matter what the child's age, he should be taken back to shore without being shamed or rebuked as a "sissy".

Ideal conditions for teaching swimming or any other sport are, of course, not always to be had. For the beginning swimmer, still water is of course better than surf or choppy waves, and a swimming pool, with graduated bottom and mild temperature, is best if it is available.

A parent often does well to let the child play at a sport for a while before teaching him anything. Let the child grasp the bat in his own way at first, and become used to it. When he is interested in doing more than swish the air he will want to know how to hold it properly. The beginner is not likely to cling to his original poor stroke or awkward grip, once he is aware that there is a better way.

Tennis, horseback riding, figure-skating, skiing, diving, and other individual sports are largely a matter of family interest and resources. Parents who practice any of these sports are likely to share their enthusiasm with their children from an early age. When family relationships are good the children are likely to develop skill and pleasure in the sport, unless they are pushed too hard to perfect their skills before they are able. In some fortunately situated areas ice skating and skiing are everybody's sports. In other parts of the country nearly everybody rides a horse. In most communities, however, some effort and expense are required for a child to learn these skills.

In deciding what sports they would like their child to enjoy, parents of course are limited by what is available to them. No matter what is at hand, however, the first consideration should be the child himself, his preference, his needs, his physical capabilities, and the time and effort required for learning. Often a boy or girl who is not enjoying much success in other directions can get the needed satisfaction out of achievement in a sport. A youngster whose muscular development or coordination is slow can sometimes be helped along by some athletic activity. In such instances, or when there is a handicap, the doctor often recommends a particular sport.

Bicycles

Many communities require youngsters to have licenses for their bikes. The fee is nomi-

l, and in this way the town makes sure the ungsters are qualified to ride and their kes are in good condition. The boys and its are usually shown a bike safety movie. ere's a list of bicycle safety rules you might py and pin up in your child's room:

Don't carry another person on your bicycle. It makes steering uncertain and balance unsteady.

Don't ride at night without a white light on the front and a red reflector or lamp on the rear. Don't use a bike without a bell or horn to warn others you are coming.

Don't ride more than two abreast.

Don't hitch on to trucks or cars.

Don't ride out of alleys and driveways, or dart from behind parked cars. Stop and be sure that sidewalks or streets are clear. Don't weave in and out of traffic or try trick riding on the street or sidewalk.

Keep your bicycle in good condition. Check air pressure in your tires at least once a week. Keep your wheels properly lined up so that sidewalls of the tires do not rub. Have brakes and steering checked regularly.

Never jump curbs with your bicycle as you are apt to rupture the fabric of your tires.

Obey all traffic regulations. Ride only on the right side of the street.

Use hand signals to let others know what you are going to do.

Where the traffic is badly congested, walk.

Encouraging Children in the Arts

By the time a child goes to school he probly knows a little about music and some the other arts. He has drawn pictures th crayons or paints, he has modeled with



J. Keating

Safe biking includes checking the air pressure in tires.

clay or Plasticine, and he has certainly looked at pictures. His mother has sung nursery rhymes to and with him, and he has heard music on television and radio, perhaps on records. Most young children who are used to hearing their mothers sing to them will make up little songs when they are by themselves.

If there are older children in the family or if the family likes music or any of the other arts, the child has even better ac-



This boy loves painting and should be encouraged in it.

quaintance with them. He may be familiar with a piano or some other musical instrument. If he has gone to a play group, a nursery school, or to kindergarten before entering first grade, he has already had experience with songs and singing games, rhythms, paints, clay and plenty of pictures both in and out of picture-books.

In many schools the children's interest in the arts is actively cultivated. Drawing has long been a required subject. Some schools provide for painting, modeling, poster painting, lettering, and other art activities.

Public schools in many communities have more than singing and marching music in their programs. They play recordings and teach music appreciation. Many schools have rhythm bands. In some schools there are instruments for the children to look at, handle, and play on if they are interested.

Rhythms for the youngest grades, and folk dancing and square dancing for the older children, particularly girls, are generally included in the school's physical education program.

But no matter how much the school may offer, a strong or lasting appreciation of the arts can be developed only in the home. When parents are interested and can share their enjoyment on the children's level, music or any of the other arts can provide some of the family's most satisfying experiences together. (Volume 6 of THE CHILDREN'S HOUR, ART AND MUSIC, contains material on both subjects that many parents will find of educational interest to themselves as well as to their children.)

Many parents want their children to learn to play a musical instrument. Some mothers believe that girls especially ought to have dancing lessons. Art lessons, on the other hand, are generally not offered except to a child who has an aptitude for it.

Lessons on a musical instrument may give a child much pleasure and benefit, and also prepare the way for an appreciation of music throughout life. A great deal depends however, on the child and on how the lessons are given. It is often hard for a young child to understand the need of practicing now for a skill that he may attain a long time off. Yet lessons are wasted without practicing, and so parents find themselves nagging the unwilling pupil to get his or he practicing done each day. This does no usually lead to much skill on the instru





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Music lessons can be a joy for all concerned.

Appel Farm Camp

nt or to much enjoyment of music either. eads only to bad feelings and an irritated entful child.

ome teaching methods for young chiln emphasize enjoyment of the music her than skill or technique of performe. For the young beginner this can be a cessful approach. The kind of music sen is usually simple but pleasing and derstandable to a child, and the seven eight-year-old enjoys playing music from beginning, instead of scales or exercises. If the child is learning the necessary funmentals of music at the same time.

Meanwhile the child who has a genuine sical aptitude usually wants the technical recises in order to play more challenging sic. He is likely to practice with little or urging, once he himself is interested and see the purpose of practice. Of course happy, development, does not come

happy development does not come ut overnight, but it often does when the ng student is mature enough to take e responsibility for more advanced work. When there is a piano in the house, the

musical beginner usually can be started on this instrument. Even if he will later take to another instrument, some acquaintance with the piano is valuable for all music students and is helpful in the enjoyment of music. Another advantage of the piano is that lessons can be begun on it for a sixyear-old, while other instruments, such as the violin or clarinet or trumpet, are better introduced at seven, eight, or nine. More difficult instruments are not recommended until the junior high school years.

Some stringed instruments that are strummed or plucked, such as the ukelele or guitar, can also be offered to a child at seven or eight. They have the advantage of making musical notes or chords quite easily for a beginner, and are good instruments to accompany singing, especially of folk songs. The guitar can be carried into quite advanced study by the child who is attracted to the instrument. This, like the accordian, is a popular folk song and social instrument and can be also be played in classical style. The banjo is another stringed instrument



Dancing is wonderful exercise and promotes social grace as well.

Appel Farm Camp

popular both for folk songs and for jazz. These instruments have a great appeal to teen-agers, and their study may well be left until the teen years.

A simple instrument for children, used in many music schools, is the wooden flute or recorder. This has several advantages as a beginning instrument. It is comparatively inexpensive to buy (about the same cost as a good ukelele). It has simple fingering that a child can learn, and it does not require much practice to produce a pleasing tone very much like the human voice. In a community where recorders are known and their use is taught, little orchestras of children playing recorders give much pleasure to the children themselves as well as to those who hear them. Advanced students find a good deal of music to play on their recorders. The recorder is also a good introduction to flute, clarinet, and other wind instruments. One of the great satisfactions of playing an instrument is ensemble playing, or playing music with others. Music schools are some music teachers are able to arrange groups among their pupils. In the public school, a child who has attained some skil on an instrument may have an opportunit to play in the band or orchestra, if not it elementary school then very likely in junio high or high school.

Dancing Lessons for Your Girl

Boys are generally excused from dancing lessons, although square dancing groups are available to them and social dancing something the boys themselves, or many of them, want to learn when they are in the teens.

Should you give your girl dancing lessons? For many girls who are not attracted

sports or active games, dancing is a happy stitute exercise. Dancing has the further ue of strengthening muscles for good ture and helping a growing girl to overne her feelings of awkwardness.

Ballet is a rigorous dance method, and ess a child shows rare talent, is better erved for the late elementary or junior h school years, although some teachers e modified ballet along with freer rhyther forms to their younger classes. On the ole, little girls get more pleasure and as ch benefit from rhythms of various kinds, netimes called interpretive, sometimes ed modern dancing. When ballet is given young children, toe work should be ided until the bones of the feet are fully distrongly developed.

Tap and acrobatic dancing are attractive many girls and are about the only danclessons boys will take. Serious dancing ons in any style should generally not beyounger than eight years.

Classes in social dancing for older girls boys give confidence on the dance floor help the young people to get along with opposite sex. Mothers and fathers who to dance are also good teachers for their wing boys and girls.

ovies: When and Which Ones?

Motion pictures have a great deal to offer dren, and most children are attracted to m.

Most of the commercially shown films, sever, are not made for children's enterment. They are made to meet the enainment demands of the widest possible ience, including children, the producers

hope. But almost any film may be found to contain scenes of violence or terror or suggestive behavior that may be frightening to young children or unsuitable for them.

The custom of letting the children "go to the movies" on Saturday afternoons without an adult and with no concern for what they may see is thus likely to expose them to all kinds of experiences, many of which are not suitable for children. Theatre managements in some states are required to provide matrons to supervise the boys and girls in the theatre. Some also provide programs at times especially for a young audience. Some theatres offer shows, on Saturday mornings, of films selected, although not primarily made, for children. But on Saturday afternoons and evenings movie programs are definitely not for children.

Movie experiences may be disturbing or confusing to children. Many teen-agers' romantic notions about love, marriage and divorce can be traced to early and steady movie-going through the school years, as well as to other sources, such as TV and popular magazines. An occasional movie will do no harm, and if well selected, may offer good entertainment and even education. But steady movie-going is likely to deprive the child of good experiences such as outdoor activity, healthy physical exercise, and other enjoyable interests that would do him more good.

Automatic movie-going on Saturday afternoon is not easy for parents to curb. For many children it is the only adventure they can look forward to in a weekly round of school, home, and routine play in a suburban neighborhood. For busy or weary parents the Saturday afternoon movie is

often a welcome way of getting their energetic school-age boys and girls off their hands for a few hours.

The Saturday movie is also a social event to the children. When all the other boys or girls of the crowd are going, it is not only difficult but unfair to expect one's own child to stay away.

There are some steps, however, that parents can take to keep their children's moviegoing within bounds.

- 1. They can offer alternates that are attractive enough to compete. Trips, picnics, club and group activities can be planned for Saturday afternoons. The excitement and adventure that movies offer, along with the social experience of going with one's friends, can be met in other ways for children. This does not necessarily demand that parents go along themselves. Working together, fathers and mothers of a group of friends can take turns. The Scouts, Campfire Girls, community and church centers, "Ys" and other organizations in many communities offer this kind of lively Saturday afternoon to children, with trained adult leadership.
- 2. Family projects can make good Saturday afternoon fun for everybody. Many fathers do not have much other time to enjoy their children. Doing home jobs together, such as painting and repairing, enjoying a game together, preparing and cooking a barbecue meal together for the family alone or with friends—these are some enjoyable ways to enrich family living and strengthen family relationships.
- 3. Choosing movies to see together can take the place of indiscriminate moviegoing. In choosing films to see with your



A. Devaney, In

Parents willing to spend time with their children in wholesome outdoor activities will find the children only too glad to spend less time indoors.

boy or girl, take account of the child's taste in entertainment as well as your own. The school-age youngster is likely to want a little noise and excitement in his movies. Talking over movies that have been seen together will give the child a chance to know what you consider worth seeing as well as to form judgments of his own.

4. The early evening movie can be even more adventure to a school-age child than the afternoon show. Going out in the evening is for many children an exciting adventure in itself. A lively afternoon, early supper, and a movie show that ends perhaps a the soda counter makes a rich day, and car

ill get the youngster to bed at a reasonble hour when the next day is not a school ay.

Television, Radio and Comics

In the beginning was radio. Then came evision. And some parents found it good. ith a twist of the dial, a youngster could wel to the jungles of Africa, voyage unders, watch a great classic, and when it evenally happened, walk on the moon. Anyy, it was an ever-present baby sitter. And ne parents found it bad. Not only did it plode violence, lust, crime, and murder; wallowed up valuable hours of childhood. Nothing is all good or all bad. It's the rents' responsibility to help a child delop taste in his televiewing as in anything e. A responsible mother should not only onitor her children's television shows but e time they spend watching.

While a certain amount of noise, violence, aginary battle, and roughhouse is part of ost children's play, television often exeds its bounds. If you object, write your evision station. If enough parents write, nething may eventually be done to impove children's programs.

The workings of our government, often dull in the classroom, become vivid for ture citizens on the television screen. Tama, literature, music, and art are ofted to them by some of the world's finest rformers. Many teachers have said that ys and girls who have television at home e more alert, more interested, and better formed than their classmates who do not we it.

As for the comics, some of them provide nusing or informative reading for chil-

dren. The better ones have lively slapstick humor, good adventure stories, history, biography, and even stories from the Bible. Some of these publications are carefully edited and prepared by good comics artists and writers. For children just learning to read or having trouble with reading, the story told in pictures as well as words can be helpful and can even lead them to read other books. When this happens, make the most of it, for it is very important to introduce children to fine literature and good art at the proper time so that their taste can improve and develop.

Too much violence in any form of entertainment for children may be the cause of fear or some other disturbance to an individual child. Parents may see their children suffering from nightmares and tenseness of many kinds after seeing and hearing some programs or reading some comics. But boys and girls are not likely to become juvenile delinquents only from seeing, hearing, and reading. The causes of juvenile delinquency are far more complex than just the kind of entertainment boys and girls are getting.



Protecting Children's Eyesight

When watching television, the children should not be seated too close to the screen. The room should be darkened somewhat but some light should be left on. Children should not sit watching for too long a time. It is usually possible to choose programs

they like that are not strung along continuously, one after another. Between programs they need to get up and move around. While they are watching, they can be taught to look away from the screen now and then to rest their eyes.

Badly printed comics are also hard on children's eyes. You can point this out to your boy or girl. Enough good comics are available so that a child does not have to read the poor ones.

Reading for Fun



One of the common complaints about comics and television is that they are likely to keep their children from reading. An acquaintance with books, magazines, and newspapers helps to make an educated person. A taste for reading may develop at any stage in an individual's life, but usually it begins during the school years.

The first pleasurable experiences with reading lead the child on to look for more. A child does not take to books because his parents or his teachers tell him he ought to read. He takes to them if books are made attractive to him.

Parents have their first opportunity to make books attractive to their boy or girl very early, when they begin reading picture books and nursery tales together. Many parents wonder if they should continue reading to their child when he is learning to read for himself. They fear that if he has stories read to him he will lose the incentive to read.

There is no danger of this. Parents can then read to the child books that are too advanced for him to read by himself. These are so much more interesting to him than the simple reading he can do by himself that they keep alive his interest in books while he is mastering the difficult skill of reading. Listening to such stories he becomes familiar with words that he will meet later in his own reading.

Besides, reading with your boy or girl is more than just reading. It is also a time for being together and enjoying each other's companionship. During early school years especially, boys and girls still need this closeness to their mothers and fathers.

Having books in the house that are inviting to the child is an encouragement to reading. The child who can find something attractive in his bookcase that isn't too hard for him to read is likely to improve in his reading skill at the same time as he develop his taste for reading. In THE BOOKSHELI FOR BOYS AND GIRLS, Volumes 1 and 2 are especially designed to attract the be ginning reader, and Volumes 3 and 4 offer more challenging reading to the child who is making progress with his reading skill (See also Josette Frank's article, HELI YOUR CHILD ENJOY READING, p. 1 of this Volume.)

Books at home lead to books borrowed from the Public Library. The librarian is trained to help boys and girls choose book that they can read and will enjoy.



Learning about Money



Once schooldays begin, your boy or girl le be needing pocket money now and on. School children are sometimes asked become members of the Red Cross and her national organizations. They often attribute small sums as well as toys and othing when there has been a flood or her disaster in some part of the world, ey make things to sell at bazaars for varies causes, and may need money to buy atterials as well as to spend at the bazaar. Here are school and class projects of many had for which your child will need a few ins from time to time.

Helping in worthy causes gives children early experience of each person's responilities to other people everywhere. These easions are also valuable in helping your ild learn about money.

Even during the pre-school years there e many opportunities to begin teaching ar child about money. In our world chilen become familiar with money at an ly age. When your little boy or girl goes the store with you, when the child helps choose a toy for himself or a present for neone, when you pay a bus fare or buy a and oil at the filling station, money is colved.

In our world it is necessary to understand value of money and to exercise good lgment in its use. A lack of wisdom in ney matters can cause great unhappiness later years. Children who do not know

how to handle money can also give themselves and their parents a good deal of trouble during the school and teen years.

Whether or not you teach your child about money, he will learn something about it. What he learns by himself may not be as sound as what you can help him to learn. With your guidance, and with early experience in taking responsibility for money in small amounts, your boy or girl gradually gains understanding, judgment, and wholesome attitudes about this ever-present aspect of living.

Children learn about money in many ways, but there are three important kinds of learning experience. These are:

- 1. The example of their parents.
- 2. Their own experience with allowances, earning money, saving and spending.
- 3. Participation in family discussions and decisions about some kinds of expenditures.

The example of parents' attitudes toward money is effective from very early days. Money problems and how their parents deal with them have an effect on the young child long before he knows what the trouble is all about. Since the matter of making ends meet is part of living and cannot be avoided, what parents can convey to their children from the beginning is their confidence and courage in doing the job. Planning, saving, spending wisely and cutting down expenses when necessary are all aspects of experience with money which parents can share with the children as they become old enough to understand.

When parents are worried, children know it. Not knowing what their parents are worried about is usually more upsetting than the cause of worry itself may be. Even a young child can be reassured by knowing that Daddy is troubled because the family needs money. Such a piece of news is not in itself alarming to the child, and his parents' confidence in facing the crisis helps him to learn something of great value for his own future.

The child of school age does not necessarily feel deprived if there is something he cannot have. He can also feel good about doing his share to help the family get along. Children need to be made sensibly aware of what the family can and cannot afford. Seeing how his parents use money for the good of the whole family is one of the child's valuable experiences in growing up.

An Allowance for Their Own Spending

Many parents begin giving their children an allowance when they start school. The amount may be as little as a few cents a week. The important point about an allowance is that both parents and child need to be clear that it is the child's money to spend.

Parents often defeat the purpose of an allowance by insisting that it is money to be saved. Children need to learn about saving, but the idea of saving is hard for a boy or girl to understand, all by itself. Saving for something is different.

A child learns about saving step by step. At first the six- or seven-year-old with a nickel generally wants to buy something with it right away, and does not often care too much what he buys. A few nickels are likely to go in this way, and then the child himself realizes that once he has spent his nickel he no longer has it to spend for some-



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Money saved for a special purpose is more likely to be cheerfully saved.

thing else that he wants more. This is the beginning of learning to choose how he will spend his money.

Soon enough he discovers something he wants that costs not one nickel but two This means that he must save this week' nickel to put with next week's. If he want something still more expensive, he may have to save for several weeks. Perhaps he trie this, and finds that during this time he ha no money at all to spend. If this is too hard his mother may suggest that he can also use part of his allowance for spending nov d save part of it for the important purase to be made in the future. Of course will take longer in this case to buy the sired object. This is a rather grown-up acce of wisdom for a six or seven-year-old grasp, but money of one's own often aches quite grown-up lessons without parts' lectures, purely by experience.

A loving mother or father often would e to soften the effects of a child's first exciences with his own money, and there is rely no harm in this, within reason. An easional present for the piggy bank, to orten the painful time of waiting for the prized purchase, does not spoil a child t can actually cheer him on in his efforts save.

In time the child's allowance will be incased to cover more of his expenses. It in include lunch money, bus fares, club es, and recreation. Girls often want to be over the buying of part of their wardbe; many in their teens have a clothing owance by the month or season.

When boys and girls ask for an increase the weekly allowance, parents are pertly justified in requesting them to make ist of their actual money needs. Making budget and discussing it with father or other is good experience in money values I responsibility.

Earning Money

School-age children often want to earn ney, and frequently they can find optunities to do so. Delivering papers and cels, cutting grass, running errands, carng groceries home for supermarket cusners, baby sitting, walking a neighbor's t, taking younger children to and from



Teenagers can earn money by mowing lawns.

school are some possibilities. Boys and girls can begin to baby-sit by junior high school during daytime or early evening hours.

When a child wants to undertake a job, parents of course consider whether the job is safe and wholesome for the child, and whether it will take too much of his time or energy. They might also give thought to whether the child is capable of doing the job, and whether he is going to be adequately paid for his work.

Sometimes a child, having no experience, takes on more than he can handle, or does more than the employer expects or wants to pay for. Ambition is fine in its place, and conscientiousness on the job is a virtue; but parents should also give their inexperienced children guidance in how much they can undertake to do. Too hard a job can give a child an unjustified feeling that he is not

much good. Not being paid fairly can make a child resentful and suspicious in his attitude toward jobs in general.

The first paying job a boy or girl is likely to get will probably be at home. Parents are often puzzled to know which home chores should be expected of a child and which should be paying jobs. A fairly good rule is that the child should do without pay chores that are normally done by members of the family as part of their contribution toward running the house. Should walking the dog, putting out the trash, sweeping the porch, washing the car, cutting the grass, be paying jobs? That depends on the situation. If someone is usually hired to wash the car or cut the grass, to paint a fence or do an electrical or plumbing repair, it is reasonable to let son or daughter do this for pay. But if the family is careful with money, everybody's time and talents should be equally at the family's disposal, parents' and children's alike.

Circumstances sometimes arise to upset this general rule. If father usually washes the car and cannot or does not want to do it on a particular occasion, he may pay his boy or girl to do it for him. When the relationship between children and parents is generally friendly, special favors are often asked and given on both sides without question of payment. Parents, however, should try to be fair in what they ask a youngster to do as a favor, and what services ought properly to be paid for.

The question of what a child ought to do with money he has earned also comes up for frequent discussion. Is it his to do with as he likes? Should he be obliged to save it or any part of it? If he earns money, should an equivalent amount be cut from his al-

lowance? Should he be expected to turn over his earnings or part of them to his parents?

Under ordinary circumstances, a child would soon lose his incentive for earning money if he had no choice in the spending of it, or if what he earned by working only replaced some of his allowance. When every dollar is important in the family finances, however, a child can accept the necessity of contributing a share, and even take pride in being able to do so.

Most boys and girls are inclined to be careful with money they earn, even without being reminded by their parents that they ought to be wise in both spending and saving it. The very act of working for money is a sobering experience. Its value to a child's development goes far beyond the actual money earned by giving him a sense of responsibility and a feeling of worthwhile accomplishment.

Getting Along with Your School-Age Child

Life is not always smooth sailing with our school-age children. Boys and girls through these years go through the struggle of growing independence from home and family. At the same time they are trying to make their impression on the outside world of school and community.

During the toddler years children begin to see themselves as separate individuals within the family. During the school years they strive to assert themselves as personalities separate from the family, and especially from their parents. The teacher, the storekeeper, the traffic policeman, the other boys and girls, know them not as Mr. and Mrs. Jones'

or daughter but as Jimmy Jones and san Jones. This separate recognizable is important for the growing boy or girlestablish. The struggle is not easy for the ld. It is not easy for his parents either.

When the Child Does Not . Want to Listen

The school child separates himself from parents in many ways. He does not want be told to do things, to be reminded of ings, to be rebuked for things. He does t want to listen. And so he finds his own ays to shut out your voice. Your boy or rl runs through the house, too busy to ar you; or he is absorbed in a book, too e-occupied to hear you; or he is whistling humming a tune, unable to hear you. You may repeat yourself many times. You ay descend to nagging or complaining, or sort to scolding and even punishment. u will rarely accomplish anything except spoil the friendly relationship with your ild and drive him away from you in hosty. It is easier on both you and your child you take this temporary deafness of his ilosophically and save your breath for nen you absolutely must have his attenn. This means fewer reminders, fewer reests, fewer rebukes altogether in the course the day or week, and perhaps that is all the good, for your sake as well as the ld's.

When the Child is Critical of His Parents

Boys and girls of these years are critical their parents. Your child discovers better ys than yours—"Jane's mother bakes the good cookies!" meaning of course

much better cookies than yours. Or "Peter's mother lets him go out after supper." Your child tells you you are old-fashioned, stick-in-the-mud, out of touch with things. He shows you how inconsistent, unjust, and thoroughly ineffective you are as a parent. Your boy or girl may even hit upon a few home truths and tender spots where you are not too sure of yourself.

It is hard enough to take criticism, but to take it from young sprats of seven or nine or eleven is often too much, especially when the criticism is somewhat justified. Children cannot understand all the shadings of a situation that made you do or say what you did, nor can you always explain these matters.

It may be easier for parents to take this kind of experience calmly if they remember that the child is not seriously finding fault with them. He is only making them a little less perfect, a little less all-wise and allknowing in his own eyes so that he can be a little more of a person himself. His scorn and his disrespect are less sincere than they sound. He doesn't really feel this way about his parents. He is not even very happy with himself when he has been disrespectful. He would like to be reassured that his mother and father are not hurt and angry with him. You get along better with your boy or girl if you can receive these darts and arrows without showing strong feelings of anger and resentment in return.

When Your Child Makes Mistakes

As often as not your advice to your schoolboy or schoolgirl goes in one ear and out the other. The child behaves as though parents don't know anything anyway—he may even say this outright—but what he really means is that he has to find out for himself or else he will feel that he is still a baby, being watched over and taken care of.

Parents are pained when their youngster makes a mistake although they warned him against it in advance. They wish he would listen before the damage is done. Now that he has got himself into a difficulty they are inclined, perhaps, to let him get himself out of it too without their help.

It is not necessary to let the child suffer for his own mistakes every time. He is still a child, and if he bites off more than he can chew it is just because he is young and inexperienced and without mature judgment. He learns from the experience anyway, and it helps him to get a boost from his parents when he needs it.

You are not over-protecting your child when you come to his rescue occasionally. If he has been taken advantage of or treated unfairly by someone, there is no reason why his parents should not stand up with him for a fair deal. If he has done damage, there is no reason why his parents should not go with him to make apologies and amends. They should not excuse him for doing something wrong but they can help him correct his wrong-doing. This is the kind of loyalty and support he still needs from his parents because he is a child.

When Your Child is Inconsiderate or Ill-Mannered

Boys and girls of these years suffer many doubts. Many uncertainties trouble them, about themselves, their capabilities, their welcome with other people. Does the teacher like them? Do the other kids like them? Do they measure up to what is expected of them at home, in school, among their friends? They are not sure of their own feelings, either, of what and whom they like or admire or believe in. They are uneasy, and they are touchy.

At home with the family, they do not have to be so much on their guard as in the outside world. They can relax here. They feel they can be rude, inconsiderate, careless of other people's feelings when the other people are just parents and brothers and sisters.

Parents rightly object to rudeness and inconsiderateness anywhere, whether it is to the family or to anyone else. But often a mother's or father's quick anger at an ill-mannered word or act is based on the fear that the child is growing up ill-mannered and careless of other people. This is usually an unfounded worry. It may be exactly because their child is trying so hard to behave well with other people—outside people—that he lets fly at home. The strain is just too much to keep up all his waking hours. He has to let go somewhere. He lets go where it is safe to let go, at home.

When they understand this, parents can take the school child's bad manners, sloppy



reech, sloppy habits, and generally unvilized behavior with a little less irritan. It, too, is part of the struggle to grow of the struggle to grow of the surfised, and sometimes pleased to discover at outsiders see a very different child om the one they see and scold so controlly at home. The girl or boy who is so amannerly in the house is frequently a reect little lady or gentleman at school of in the homes of friends.

Enjoy These Years with Your School Child

On the whole, and in spite of the battles ey fight against their parents during the nool years, children do grow up to be not ry different from their parents in manrs and ways of living and thinking. In they become sure enough of their inpendence so that they do not have to ake such a show of it in their opinions, tions, and behavior.

Even while they are wrestling with all is, school-age children have a great deal fun and give a great deal of pleasure to others and fathers. In these middle years, e child's physical and emotional development is not so intense and concentrated as was before or will be afterwards. During e pre-school years, the little boy or girl as taking the big step out of babyhood to childhood. Afterward, during the teens, e young person is making the difficult ossing from childhood into adulthood. By imparison the years from five or six to ten eleven are inwardly rather peaceful.

Outwardly, of course, the school-age ild is not peaceful at all. He is noisy,

exuberant, and explosive. The bounce and energy of girls and boys of this age may be wearing, but it is part of their charm. When things are going well for them, they are merry companions. When something has gone wrong and is set right, they bounce back again quickly. A healthy, happy schoolboy or schoolgirl in the house can spark the whole family to high spirits.



Conversation with boys and girls of this age is often challenging to parents. They may not talk about themselves but they are glad to talk about a great many other things. They are forever sorting out their impressions and ideas of people, events, and issues great and small.

The child of these years can talk a lot of sense as well as some nonsense. It is characteristic of this age to be logical, realistic, and furiously fair. Most school children see and hear a great deal. They soak up information and are quick to draw conclusions. Their experience and judgment are limited and so their conclusions are often mistaken. But they thrive on opportunities to argue a case, and they are willing to listen and learn from an adult who listens to their side first.



Looking forward to the teen years ahead.

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Parents who give children of this age their due, and do not treat them as younger than they are, can get a good measure of cooperation from them. When their contribution is valued, they are likely to give many services to the family. When their own in-

terests are respected they cheerfully run errands, do odd jobs, and make themselves useful, not only at home but in community projects. When their enormous energy is tactfully guided, they can accomplish wonders of work and carry out orders with an

onishing sense of responsibility. The althy happy school child is a precious asto home, school, and community.

Toward the Teens

At about the age of nine, when they are st the primary grades of school, boys and its begin to show greater differences. Their stes and interests change, and they grow ferently, too.

Girls begin to spurt ahead at about this ne. For a while they are bigger on the erage than boys and they mature more nickly in a number of ways. They may atstrip the boys in school subjects for a nile.

Many girls lose interest in sports, espeally in team games, at about this time, though they may continue to like indidual sports such as figure-skating, swiming and diving. They begin to be interted in clothes, hair-dos, and self-adornent. Mothers often have to lay down the w against lipstick and colored nail enamel. rls of this age usually profess to be scornl of boys and carry on intense friendships with other girls. They may adore a woman teacher. They notice the way women dress and comport themselves, and are often sharply critical, especially of their own mothers. They express strong preferences in their own clothes and often tell their mothers what to wear too. They are combative with their brothers, whether older or younger, and preen themselves at a compliment from their fathers. Dreamy pensive moods alternate with bursts of energy.

Boys in these years seem to lag in their growth by comparison, and in fact they do mature about two years later than girls on the average. As the girls withdraw from team games, the boys go in more vigorously for them. They are both shy and contemptuous of girls and strongly prefer the company of other boys. They are likely to be more than ever negligent in their dress and manners.

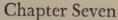
The changes that parents see during the late elementary school and junior high school grades are a foretaste of the teen years. Children during these years are often described as pre-adolescent.

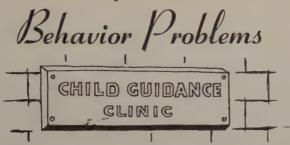




This troubled child may need the help of a professional counselor to keep him from becoming a juvenile delinquent.

A. Partos





All parents, in bringing up their children, e confronted almost daily by problems. any of them are small and easily overme. Most, with intelligent attention, will outgrown in time. Some need help—perps professional help—to keep them from coming serious. Some show early signs something deeply wrong.

How can a parent recognize a problem what it really is? When is it possible for parent to cope with a situation alone, or the help of family members only? hen is it advisable to seek professional tside help? And where is such help availle?

The following discussion, we hope, will swer these questions and clarify some rents' doubts about the problems. (Adee on when to seek professional help for ally serious problems, and where to get it, ll be found under *Professional Help for tous Problems* on p. 247.)

ecognizing Behavior Problems

Whenever a child gives signs that he is publed or unhappy, even in the normal urse of growth, parents naturally want to lp. Often the difficulties require nothing ore from the parents than wise handling. He toddler who will not use the potty will to over his resistance if his mother does not

force the issue. The child who is afraid of climbing up the slide or of going in the water will get over his fear if his parents do not push him to be brave but give him a hand up the ladder when he wants it, and take him into the water only when he wants to go. Too many cautions like "Don't do that or you'll fall!" can make a child timid, and parents must be patient and encouraging until he gets over his fears.

Most boys and girls of school age tell a few fibs and occasionally steal a little at some stages of their growing up. This is not too difficult for parents to overcome, if they realize that to become a truthful and trustworthy person the child needs help - not punishment. Learning to tell the truth and to be honest and honorable are part of a child's growing to maturity. Parents help by being interested in the child, by setting him a good example in their own trustworthiness toward him and toward others, and by letting him know that they care about his becoming an honest person and have confidence that he can become one in time if he tries.

All these are normal difficulties of growing. How can parents tell when the signs mean something more serious? How can they know the difference between the normal difficulties that children will outgrow

with ordinary care and common sense handling and the deeper troubles that they do not outgrow?

They can tell in one or more of these ways:

1. When a problem in behavior lasts too long.

When a child is still wetting his bed at six or seven—when he is not interested in playing with toys, or later, with other children (in the early years) or in school work or in friends through the school and high school years—these are all signs to watch out fot. Children differ greatly in their ways and rate of development, some mature a little earlier, some a little later. But when a child's progress seems to be stalled in one or several ways beyond a reasonable time, then he has a more than ordinary difficulty and needs help.

2. When the child's behavior is not explained by circumstances.

The new baby, the beginning of school, a move to a new home, the illness or death of a parent or someone close to the child these are all disturbing situations to which a child may be expected to react. Any change, even a temporary one such as parents going away for a few days' vacation, can upset a young child for weeks or even months. An older child can take some experiences in stride but may be upset by others. Parents can usually tell when there is something in the child's life that has upset him for a while. But when the child's reaction to even a small disturbance is excessive—when a lost game or a poor report card or rain on a day when a picnic was planned leads to as great a display as a really serious grief-then the child is not reacting normally and needs help. This is

particularly true if such an exaggerated reaction is coupled with other signs of disturbance.

3. When the child is not behaving like himself.

If a child who is normally busy and uses his time well becomes lazy, inactive, uninterested, secretive, withdrawn-if one who has been doing well in his school work begins to fail—if a normally cheerful child becomes despondent, or a happy child becomes irritable—these are likely to be danger signs. In the early school years, when growing is fairly even, such signs as these are immediately significant. In preadolescent and adolescent boys and girlsfrom nine or ten in girls and eleven or twelve in boys—these sudden changes are in a sense normal, but they need to be watched all the same because they may prove too much for the child to cope with. alone.

Juvenile Delinquency

When children suddenly break the law or behave in some unusual or uncontrollable way, the incident often comes as a shock to their parents. The child, they say, was getting along all right; he was just like other children; they cannot understand how he came to do what he did.

Yet it is very rare that school-age or teenage children get into serious trouble without ever giving any advance sign. If parents are surprised, it is usually because they have not observed their child, or have not recognized signs that the boy or girl was having difficulties.

Sometimes a father is delighted because his boy is the leader of his gang, not just a follower. He feels his boy will amount to



boy is in trouble with the law, chiefly because his parents did not recognize befored that their boy was having emotional difficulties.

tething some day because even at nine ten or eleven he is able to command ers. Yet others in the neighborhood, or east the other children, know that the is feared as a bully, or that he leads the er boys because he is slyer and more ver than they are at devising mischief l getting away with it. When one day boy is caught, or commits some act of elty or violence that brings him to the ention of adults, his father is the only who is surprised.

mother is often pleased because her ingster is so well-behaved. Other mothers to trouble with their children, but not. She always knows where her boy or is, can always get the child to mind, wer hears any back-talk. One day, peros, the child breaks out in some act of lence toward a playmate or perhaps to ounger brother or sister. Or in some es, although his mother thinks of him is perfect child, his school-mates and peros his teachers may know that he lies, als, or bullies those younger or smaller

than himself. One child may be too aggressive, but another who is too good or too obedient may suddenly lose control of his bottled-up aggressive feelings and break out into entirely unexpected violence.

These are children are one reads about in the newspapers. Other children who may never get into trouble with the police or with the people around them, may silently suffer deep unhappiness. Still other children make life difficult for their parents and brothers and sisters. But in every case, children whose behavior causes problems are children who have problems.

Behavior Problems and How to Treat Them

A child never does anything without a reason. No matter how unreasonable children's behavior appears, parents may be sure that if they could know the child's reasons they could understand his behavior. But even if we understand why he does certain things, we still cannot permit him to do them. We may understand, for ex-



Sue is jealous of the new baby and feels she is being neglected.

ample, why four-year-old Sue wants to hit the baby who is taking so much of mother's attention. Nevertheless, she cannot be allowed to hit the baby.

In dealing with children's behavior problems, there are these three aims:

- 1. To discover and eliminate the cause for the behavior or, if the situation cannot be changed, to help the child accept it. The baby, obviously, cannot be eliminated. But Sue can be helped to accept her little brother, once her parents know that she needs this help as most children do.
- 2. To stop behavior that may hurt others or the child himself. Sue is hurting the baby when she hits him. She is also hurting herself. When children do something that they know is wrong, they feel guilty and frightened. Thus another cause for difficult behavior is added to the first. Other kinds of

behavior that do not harm others may be bad for the child himself. The child who does not eat or sleep well or enjoy active play needs help in changing this behavior even though it hurts only himself.

3. To help the child find satisfying activities and interests that will give him more wholesome outlets and more pleasure and confidence in himself. Every child needs to feel that he excels in something and that others, especially his parents, appreciate him for it. He should be given every opportunity to express himself and to show what he can do.

It is sometimes easier to stop the harmful behavior than to find out its causes. A trained child guidance counsellor may be needed to understand just why a child is behaving as he is. But kind and loving parents can often help the child over a hard place even if they are not sure just what is making it so hard for him. Once parents realize that their child is making trouble because he has trouble, then their anger or irritation is modified by different feelings. If a child has trouble, he needs sympathy, not scolding or punishment.

More love, more attention, more patience instead of less, are what a child needs when his behavior is difficult. This is the only practical approach toward curbing the child's behavior. Spanking, punishment, and severity with children have been discarded by intelligent parents today, not because of any new-fangled fad, but because they do not work. Harsh methods and stern measures often seem to work for a while. Children may obey out of fear, and therefore become less troublesome for the moment. But adding fear of punishment to the child's troubles does not help his troubles. The



Jealousy of a new baby is normal, but so is love.

iginal problem continues, plus possible we behavior problems such as timidity, ep anger and resentment, slyness or unuthfulness to avoid punishment, excessive ars, or unexplained physical symptoms.

In the case of the child and the new baby, rexample, spanking the older child, Sue, all not make her love the baby. Indeed, it ay lead her to do something even more angerous than hitting, and to do it when are mother is not there to see.

To suggest that parents show more love and kindness to the troubled child, hower, does not mean to condone his behavior. does not mean to smother him with tenrness and forgiveness. We do not say, "You a bad child." But we do say that what the lild has done is bad, and we cannot allow me to do it.

This is an important difference. It means at we are on the child's side, helping him the against the impulses that make him have badly. It means that we believe in

him and know that eventually he will be grown-up enough to control those impulses. Meanwhile we will try to keep him from doing anything harmful to others or to himself, anything he will have to be sorry about later.

How does this work? Take once more the simple, everyday experience that many families are likely to have, the new-baby situation. If Sue's mother feels that Sue is bad for hitting the baby, she will tell her so and she will also treat her as a bad little girl. She may spank her. She may shut her in her room, or deprive her of something. She may tell Sue, "You can't come out for a walk with me and the baby because you hit him."

But if she understands that Sue hits the baby because she is upset and afraid her mother does not love her now that there is a new baby—in other words, that she is a little girl with trouble—she will not treat Sue as a bad little girl. She may still spank her, a quick angry spank to enforce her

"Don't you ever hit the baby!" and to relieve her own feelings at the crucial moment. But later she will also put her arms around her little girl and say something comforting like "We never hit a baby!" Then she will think of something Sue likes to do, preferably something Sue and mother can do together. In this way she stops the bad behavior, takes steps to control it in future, and also begins to work on the cause of it.

The new-baby situation is familiar and now generally understood. Mothers are watchful of their older child's reaction when they are taking care of the baby, and mothers and fathers generally make an effort to give time and attention to the other children along with their attention to the baby. When behavior problems occur, parents may readily see at least one obvious cause of it in the arrival of the new baby. They are sympathetic with the children's struggle to accept the baby and the many changes that come with him.

But other causes for behavior problems are not always easy to discover. Some common problems and their usual causes are discussed in the following pages along with methods of handling.

Aggressiveness

Aggressiveness to some degree is a necessary element of human personality. Without it the infant would never reach for a toy or try to walk, the child would not learn to take care of himself and defend his rights, and the adult would not strive to get a job, make a friendship or a marriage, or improve his lot generally. A healthy child has a degree of aggressiveness, more at some stages of growth than at others.

Some children seem to have more aggressive temperaments than others, although gentle children quite often are just as able to defend themselves and get what they want as those who behave more boldly.

A child may be too aggressive. A young child may be quarreling and fighting with other children in the playground or kindergarten more than he is playing with them. A school-age or older child may be getting his way by intimidating other boys and girls. At home a child may be overbearing with younger or even older brothers and sisters. A child may torment the puppy or the kitten or show cruelty in other ways.

The child who is too aggressive is usually revealing two difficulties:

- 1. Far from being too confident, he is actually not confident enough of himself.
- 2. He has not learned, or is afraid to trust, the acceptable ways of getting what he wants and defending his rights.

Why the child lacks confidence may not be apparent. In a young child a lack of confidence can be readily understood. He has not yet had enough experience to know what he can do. An older child may be bullying and aggressive because he is too strictly held down at home, or equally because he is too laxly handled and has not been helped to self-control. Too much and too little parental authority often have similar troubling effects on children of different temperaments.

The same may be said of the second difficulty the child reveals by his aggressive behavior. A young child does not yet know that there are better ways than fighting. An older child may not have been given much guidance, or through circumstances he may not have had much experience in



When a child is too aggressive it may help to let him work off his hostilities by something he can make with hammer and nails.

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etting along with other children. When arents or other adults have not been on and to teach and show children by their kample, or have been too protective of heir children in the pre-school years, it may ake both time and experience for the children to learn to get along with others, once hey are in school and on their own.

The child who is too aggressive needs his onfidence built up in good and wholesome vays. His boldness, his energy, his desire to ead and manage others can be directed nto useful channels. At home and in school, he aggressive child can be given more reponsibility, and more praise for his real chievements. He can be given sturdy naterials to work with. Hammering and awing at carpentry, or pounding clay in nodeling, have given many children safe utlets for their aggressive feelings. Somemes a teacher, Scout or club leader, or ther adult can win the child's confidence nd help him channel his energies in good rections that win him the approval of his

elders and his fellows. The leader type of child may lead children of his age group toward community usefulness and responsibility or he may lead them toward mischief and delinquency. He needs help to turn his leadership in the right direction.

Timidity

Some children are bold, some cautious. Parents do not want a child, especially a boy, to be a coward, and sometimes they push him to be brave before he is ready. One or two alarming experiences or too many small frights can make a child more fearful than he would be if he were allowed to wait for new adventures until he is ready.

A genuinely timid child is usually a frightened or anxious child. Children's fears are not always easy for parents to discover, and it may take time and patience to get at them. Their child may have had some frightening experience long ago that they do not even know about. Or there may be something in the child's family life or environment that one would not ordinarily regard as a cause for anxiety. Extreme prolonged timidity or fears may call for professional help.

Parents may be able to help a child to overcome his timidity in certain directions. If he is hesitant about making friends, they can help him by making the neighborhood children welcome. They may discover that there are no children of his age or particular interests nearby, and a club or other organization may be the answer. A teen-ager may have some particular reason for holding aloof from other boys and girls, such as lack of spending money or the "right" clothes, a bad case of adolescent acne or some similar difficulty. Even a trivial difference from other boys and girls can loom large in a child's eyes. Once the parents know what the trouble is, they can help to correct the situation or, if it cannot be corrected, to convince the child that he has good points which outweigh his shortcomings.

Shyness

Timidity should not be confused with shyness. Many children are hesitant with strangers, and parents do not help by insisting that they shake hands, say "How do you do," or kiss an adult that they may never have seen before. Babies around the age of nine months to a year often cry when strangers come near, a sign that they are recognizing the difference between familiar and unfamiliar faces. Children may go through periods of shyness at any age, but shyness or social awkwardness is especially noticeable in teen-agers. When a child is shy, calling attention to the fact only makes



There is always a reason for shyness in a child.

the youngster more self-conscious. It is best to ignore the shyness and tactfully help the child over awkward social moments until he learns to be more poised.

Stubbornness

Calling a child stubborn means different things to different parents. Parents who expect instant obedience from a child are likely to consider any resistance or delay "stubbornness."

The three-year-old is contrary; his resistance is a way of learning to be independent. We would not call him a stubborn child. But when a child continues to resist and refuses to cooperate after the toddler's stage of contrariness is over, parents can usually find the reason in their own handling of the child. Too many orders, too many demands



would be a good idea to find out y this child is pouting before getting gry about it.

do something "right now" may call out ubbornness in a child of spirit.

A child is not likely to feel the need of sisting if he is not given too many comands and if the few essential rules are actfully enforced. A mother who calls a bungster away from some interesting play work merely to fetch her something from the next room, is practically inviting a resal. To label a child stubborn, or, worse ill, "stubborn like his father" is to give m a good reason to continue to merit is description.

Parents understandably prefer a willing, elpful, cooperative child to a willful one. they are considerate of the interests of eir boy or girl and reasonable in their mands they can usually get cooperation.

Laziness

Laziness, like stubbornness, may mean ly a reluctance to do chores or homework when parents think these things should be done, or a lack of responsibility about doing things that are required of the child. If this same child is energetic about doing the things he likes to do, he is not really lazy. Have the parents taken care to make the necessary work interesting either in itself or for the satisfied feeling of usefulness it brings? Also have they tried to be considerate about when these tasks are to be done, to fit them in comfortably with the child's other plans?

Teaching children industry and responsibility is a long process. It means sharing tasks with them from an early age, and sharing also the good feeling that comes with a job well done. Parents' own attitudes toward tiresome or disagreeable work are also an important part of this teaching. Appreciation and praise will encourage children to keep on with something even when it is not easy or enjoyable. It is hard for a child to see the value of work done now for some later satisfaction. Homework and music practice, for example, have distant goals, and it is really the responsibility of parents and teachers to make them seem worth while.

When a child of any age is not really interested in doing anything, then parents may be sure that something is wrong. A healthy child is busy, curious, interested in something even if it is not something that appears important to adults. Indifference to everything, or physical inertia, is not healthy and needs prompt attention.

Checking the child's physical health is the first step. The doctor will see whether the child's behavior is the sign of an approaching illness or perhaps the result of a physical deficiency or defect of some kind. Anemia, lack of certain vitamins and minerals, glandular and other physical conditions can cause a loss of energy and hence of interest.

If there is no physical cause, a talk with the child's teacher may reveal whether the trouble lies in his school work or in relationships with his classmates. He may have become discouraged at failure in either respect, and so have given up trying. Or he may be unhappy, bored, or frustrated by various factors in his life. Parents alone may have hard work to get at the reasons and to help the child overcome his difficulty, especially because they find it so puzzling and exasperating. A professional counsellor experienced with boys and girls can often go directly to the source of the difficulty and make positive suggestions for dealing with it. It would be wise to enlist the help of such a person if possible and meanwhile to try to find things that the child may be interested in, without pressing him or nagging him to do them.

Impudence and Disrespect

Good manners and respectful behavior are highly prized in children, but some parents tend to put too much stress on these matters too early. The young child can be taught to have pretty manners, but usually at a sacrifice of sincerity and good feelings. The very little child does not understand the meaning of "Please," "Thank you," and "Excuse me." He can learn these words like a parrot, but thoughtful parents will usually prefer to cultivate the feelings of considerateness behind the words instead of merely the words, and this takes longer.

Children go through periods of general rudeness and carelessness in their manners. They also go through periods when they feel a need to be disrespectful specifically to their parents, talking back and being otherwise rebellious and even disobedient, as a way of showing their independence. A child who is *never* impudent or disrespectful may be merely afraid of consequences, and not necessarily more respectful at heart than a bolder child.

Parents deal with these stages in different ways. Some find it wise and practical to ignore a good deal of their children's rudeness and save their disapproval for important issues. Children of any age may speak impudently out of thoughtlessness rather than any real disrespect. Boys and girls in their teens may show disrespect that they do not really mean. They often rebel against their parents' authority only as a way of asserting themselves. It rarely accomplishes anything to get into an argument with raised voices and rising tempers.

Parents usually do not have to struggle to win their children's respect. They have it to begin with. The young child knows that all his welfare is in their hands. In time a child discovers that his parents are not all-powerful, that they are human and can make mistakes. This discovery does not seriously damage respect for parents, unless parents insist upon being regarded as all-knowing, when the child can plainly see that they are not. A parent can admit that there is something he cannot do or does not know, without losing dignity in his children's eyes. He can even admit a serious mistake.

When boys and girls are old enough to know the meaning of considerateness, they



ling the reason why a child is consistently imput often makes punishment unnecessary.

st realize that their parents expect them behave in a considerate way. Parents certainly entitled to take their children task for discourtesy. But what parents about it is more effective if they are unselves setting an example of courtesy consideration to their children and to a other as well as to people outside the ily.

When children's respect for parents is uinely lacking it does not usually show impudence alone. A loss of respect for ents means a loss of respect for authority eneral, and this can lead to serious misavior and even delinquency. Actually it ore than a loss of respect. It is a loss of

trust in people and of belief in society's standards of good conduct. If parents fear that their boy or girl is going down this path, they have reason to be deeply concerned and to lose no time in seeking professional help.

Lying and Stealing

A little telling of fibs, a little pilfering of coins from a mother's purse or trinkets from other children, a little cheating are part of almost every child's growing up.

Young children do not actually know the difference between what is real and what is imagined, and they do not understand the idea of things belonging to other people and not to themselves.

During the early school years, and again during the early teens, some boys and girls again begin to tell untruths or to take what is not theirs. By this age, of course, they know that what they are doing is wrong. They are not necessarily on the way to becoming liars and thieves. They do, however, need help.

When a boy or girl continues to tell lies or to steal, there can be no doubt that the child is having inner trouble. Children may lie for obvious reasons, to escape punishment, to win praise, to gain prestige with their friends. Sometimes the reasons are not so clear. A child may take flight into imagination, spinning a tale he seems actually to believe, like a toddler who does not know where reality ends and dreaming begins.

A child who is not sure of being liked by his fellows may steal money to buy candy or presents in order to buy friends. Another child steals because possessions are somehow important to him. Such children usually lack love and attention from people who are important to them, usually their parents. In a sense, when they steal they are stealing not objects or money, but the love that they feel is denied them.

Common sense ways to deal with these behavior problems are to give the child the feeling that he is loved, to relax in harshness, to stimulate his interest in real achievement and give him opportunities for real success, and in general to make him feel that he is a worthwhile person, loved, respected, and wanted.

When lying and stealing persist, parents are wise not to try to continue without expert help.

When Temper Tantrums Persist

A temper tantrum is an explosive burst of rage in which the child seems entirely out of control. Children who have temper tantrums usually have them during the toddler years—the years when they are trying to do and learn so many new things and are suffering so many frustrations. Mothers are putting a good deal of pressure on them, too, during these years, in toilet training and other forms of training. This is also the period when children make their first big try for independence.

Considering that so much is going on in the child's life during these years, it is not surprising that now and then the tension mounts up to the point where he explodes in fury. The occasion for a tantrum may be trivial in itself; but if there is enough anger and frustration stored up, it does not take much to set off the explosion.

Even a child who is ordinarily happy and getting along all right may have an occasional tantrum. When tantrums are frequent, however, or when they go on much past a child's fifth birthday, they may be taken as a sign that something has gone wrong for the child.

Too much control, too many "don'ts" may drive a child into a tantrum out of sheer protest. Too little control may have the same effect, because when a mother is vague and inconsistent the child does not know what is expected of him. When tantrums persist in spite of parents' efforts to change their handling of the child, it is wise to seek professional advice.

Tics, Twitches, and Other Nervous Habits

A tic is a repeated spasm of a muscle that cannot be controlled. It may occur as a jerking of part of the face or a limb, blinking, coughing or sniffing, or a similar persistent muscular action.

A child's tic is not only annoying to those around him, but it is also a sign of something wrong that needs attention. The child cannot control the spasm, and so trying to make him stop by talk or punishment is cruel and useless. Calling attention to it, making fun of it, or imitating it, or even trying to doctor it at home, does not help and is likely to make it worse.

A child who is inclined to be tense and high-strung is more likely to develop a tic than a relaxed, easy-going child. A child who is too rigidly controlled, or who is being scolded and disapproved of too constantly, may develop a tic. Some anxiety may be troubling the child. He may be struggling with resentments that he cannot express or is afraid to express.



Metropolitan Life Insurance Co.

It is of the utmost importance to find out the emotional need that causes this boy to steal.

Some diseases give early signs in muscle isms that resemble tics. If a tic lasts longer in a few days, the child should be taken the doctor.

When there is no physical cause, a tic is indication that the child needs help in sing things more easily. All pressures on child should be relaxed. He should not nagged to behave better, to do better it at school, to be on time, or to do anyng else. Parents should see to it that it is a general slowing down in the child's, with plenty of rest and time in which to things he enjoys without time-pressure.

Professional Help for Serious Problems

In large cities and many smaller commities there are family agencies, counselservices, child guidance clinics, or school bureaus where parents can apply for advice and help when their children present serious problems.

If the family physician is wise in understanding children's emotional as well as physical symptoms, he may be the best person to consult. Sometimes the priest or minister or rabbi can be helpful. Sometimes, if a good psychiatrist is available and the family can afford it, private consultations may be indicated.

The state Board of Health or your state or local Association for Mental Health may be able to direct you to the source of guidance you need. Or if you are not able to get the help you need locally, you can be directed to the guidance centers, counseling services, or private psychiatrist nearest you by writing to:

The National Association for Mental Health 10 Columbus Circle New York, N. Y. 10019



"Remember the Sabbath day, to keep it holy."

Philip Gendreau

Chapter Eight

Religion and the Growing Child

What doth the Lord require of thee, but to do justly, and to love mercy, and to walk humbly with thy God?—Micah, VI, 8

Many families bring up their children in e faith of their own childhood. Others on over responsibility for their children's ligious education to church or religious mool.

It is understandable, perhaps, that many rents now feel unwilling or unable to pe with the problem. It is no longer the utine matter it used to be when life was ore relaxed and simple faith was easier to cept. Things are different today. The atchword now seems to be doubt rather an faith—especially among our young ople. They want reasons for everything. her demand to be shown.

Parents' Part in Religious Education

It is up to us, then, to show them. No atter how much the church and the reious schools may be willing and able to we parents must realize that the reonsibility for our children's religious upnging is primarily ours.

This realization worries some parents. any have asked: When shall we begin? we shall we go about it? Should religious ining be started when the child is in the dle—as soon as he can sense anything at? Or is it better to wait until he is old

enough to have some understanding of what religion means? If so, should the matter of his religious faith be left for him to decide for himself? Or should we assume that he will follow our beliefs if we instil those beliefs into him from the beginning? Above all, if the child questions our religious beliefs or practices, how can we best answer his doubts?

Different faiths have various answers to these questions. Religious leaders, even those belonging to the same faith, may differ in their recommendations. But they all agree that the home is where religious teaching must begin. This does not mean that the home should—or could—assume the function of the church or of the religious school. It means simply that essentially a child will respond to and will reflect the spirit of his own home and his own family—in religious as in other attitudes.

That is essentially the point of view of this book. We do not presume to advise any parents on the highly personal and deeply individual matter of how to teach their own religion to their own children. We wish merely to point out some of the problems which may arise in the teaching of any religion to today's children. And we should like to think we can help perplexed parents solve at least some of them.

Clarifying Our Own Religious Beliefs

Much of what may perplex a modern parent, we feel, arises from his or her own doubts. There should surely be an attempt to clarify these doubts before a parent can feel sure of how and what to teach the children. Here, then, are some questions we might all ask ourselves before we begin:

Do I still hold exactly the same religious beliefs that I was taught as a child?

If not, wherein have my beliefs changed?

If they have changed is it because we now live in a different kind of world? Or have only the outward forms changed while my essential beliefs have remained the same?

Do I know exactly what my own spiritual values are so that I can stand firmly by them if my child comes to me confused about right and wrong?

Above all, do I live by my religion so that my children will learn by what I do rather than by what I say?

These questions, if honestly answered, will give a parent an insight into his own beliefs and should therefore make him better able to meet the religious needs of the child.

What Are a Child's Religious Needs?

What, in the first place, are the religious needs of a child? In a sense, they are, at the beginning, the same as his other needs. The innocent and helpless infant is completely dependent upon his mother for his very existence. In the beginning of his life his parents surround him with love and care, give him his health and security, and are willing to make any sacrifices for his sake.

What a wonderful atmosphere this is for

a baby to learn about the very roots of religion: love and trust and self-sacrifice! And what a wonderful opportunity a child provides his parents to nurture that learning!

As he grows a little older the child turns to his family for further guidance and for the opening of doors to wider understanding. He cannot escape learning to value what his parents value, to shun what they shun. This is the beginning of a child's natural readiness to accept the fundamentals of religion.

But it is right here that many parents make the mistake of preaching and moralizing to their children. It is quite true that morality, ethics, character, and service are essential to religious education. But these concepts must come when the child is old enough to understand them. They are not to be confused with that sense of religion, that feeling of spiritual love and trust, which is something a child catches, if it is there, from the attitudes of those nearest and dearest to him.

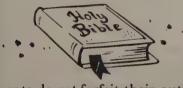
Little children who love and trust their parents because their parents love and trust them will easily and naturally come to love and trust God and believe that God loves and trusts them. Fostering this attitude seems to us to be the *first* responsibility of any parent wanting a child to grow in grace from the very beginning of babyhood.

Parents Too Must Be Willing to Grow in Grace

But it is when the child begins to go to school and is exposed to outside influences that the family's values are really put to the test. This is the time when parents must be flexible enough and progressive enough

meet the changes in their children's needs. his is the age when children ply their parts with questions not always easy to anter. Too often at this point parents give the children pat answers—answers which, ey seem to remember, satisfied them when they were children. But were they really tisfied? Or are they perhaps too busy or to unsure to answer their children more toughtfully?

Pat answers about faith do not satisfy ir children today. They begin to doubt, and we must realize that their doubts are ealthy signs of their search for truth. We ust be ready to meet their demand for eplanations in terms that mean something them. This is a crucial time for parents. hose who insist on standing still while eir children go ahead will soon find their hildren pulling away from their influence.



Parents do not forfeit their authority, as many seem to fear, by admitting that ey too can learn. Doing so is simply hulity, and is not humility one of the charteristics we want our children to develop? rely the best way toward that end is by example we set in our own striving for ace. No amount of preaching can be as ective for a child's spiritual life as seeing parents willing to grow, not only in wism but in conduct and acts of grace.

Religious Skeptics

Parents who may be skeptical about relin should be aware that to ignore the subt entirely is a hazardous thing to do, for no child can escape the influence of religion, science-dominated as the world of today may be — not even a child who grows up among people who do not believe in any organized religion at all.

Many a child sees beauty and feels overpowering emotions of love and fear that no mere reason can explain. He observes the mysteries of life and death and of the everrecurring seasons. And he will wonder about their origins. As he proceeds in his education he will be influenced by religion in art, in literature, in music, and in nature. He will feel nameless terrors and perhaps, at times, know "the peace that passeth understanding." He will come to realize that good is better than bad, right better than wrong. He will develop conscience and character. And there will be times when even the most skeptical child will feel the presence of a spiritual power, and he will turn to that spiritual power for help and guidance when he feels in need of it.

This is not an effort to convert the unbeliever to any creed. It is merely a statement of the fact that no child can escape the overwhelming influence of religion in his life. Parents of all beliefs, therefore, as well as un-believing parents, should be prepared to feed their children's hunger for moral and spiritual values. We all know that a physically starved mother cannot adequately nurse her baby. Just so, a spiritually starved parent cannot properly feed a child's spiritual hunger. To try to bring up a child without the meaning and enrichment of religion is a grave responsibility. This is not a matter of indoctrination; it is a matter of not failing our children in their need for guidance in those values which only religion can finally illuminate.

Children's Prayers

Just as we try to make our children feel that we stand ready to guide and help them as best we can, in our human way, when they need us, so do we want them to feel that God, in ways beyond our human powers, is ready at all times to hear their prayers, to give them moral strength and courage, to help them think through, in quiet meditation, what will be the right way to think and act.

Philip Gendreau



"God bless Mommy and Daddy and help me to be a good girl."

Ideas about prayer differ from family to family. We must each teach our own children according to our own religious beliefs. But, in any religion, there are two dangers to be watched out for. One is in letting the child think he can ask God for things in his prayers, or that he can bribe God by some such prayer as "If You will do this for me, I will never be naughty again." Requests such as these are contrary to the spirit of prayer in any religion.

Another danger to be guarded against is that the child's prayers become routine words mumbled, without thought of their meaning, at certain specified times. Prayers need not-indeed should not-be associated only with meal-times and bed-times. They should be part of all the times of wonder and happiness, as well as of unhappiness, in the child's life. (A selection of Little Prayers and Graces appropriate for children will be found in Volume 1 of this BOOKSHELF.)

How Does a Child Learn About God and Jesus?

Children hear about God from various sources, not always those we would approve of, and they wonder about Him. It is not an easy subject for even the most religious parent to explain to a little child. It is much easier, for Christian children at least, to understand about Jesus. They hear about Him first as a Baby, and they delight in the Christmas story with its gentle mother love, its animals in the stable guarding the newborn Child, the kings kneeling in worship, and the angels proclaiming the tidings of great joy to the world.

True, as the story unfolds they may be-

me confused about the role of Jesus as avior. They may not understand about is Jesus who, they are told, died for them, ho washes their sins away, and through nom God will be revealed to them. Yet it the story of the adult Jesus, the Jesus too fficult for a small child to comprehend, no is the important figure in Christianity. The must make that clear to the child, beg careful to let our teaching keep pace ith the child's capacity to learn.

At best Godhood is hard to explain to a hild. And it is particularly hard today hen our children see so many of us seemg to rely on material antidotes rather than eayer, and when the old threat of Godeated fire and brimstone is being replaced the threat of man-made nuclear weapons.

The Bible for Young Children

Most parents today hope their children ill learn about God from their church nool teachers. Actually, though, to make e idea of God real to a child his parents ust give him the kind of daily living exriences that will nourish him spiritually. Ind one of the best means toward that d, we feel, is to make the Bible a familiar rt of family life.

"But aren't there many things in the ble not suitable for children?" many parts ask.

There are indeed. But there are also any which are both suitable and intensely ceresting to a child, as well as spiritually spiring.

There is much to be said for the old cusn of family Bible readings—at least when grown-ups kept them brief and within the children's general range of interest. The Bible, a large handsome book bound in black leather, was kept on a separate table in the parlor, and the children learned to consider it a special book to be treated with honor and reverence and yet one they could feel at home with.

Of course there was much in those Bible readings, as well as in the family prayers accompanying them, that the children did not understand. But they did get some of the simpler stories, they did get a sense of the matchless beauty of the Bible's rhythmic language, and they learned that the Bible is The Book to which people turn for wisdom, for consolation, for courage and patience, for peace of mind and serenity of spirit. In their own homes the Bible became familiar to them—as comfortably familiar as sunrise and breakfast and going to school and playing with Daddy or being tucked into bed by Mother.

This seems to us the ideal way to bring the Bible into a child's life. If he thinks of it as a familiar family treasure, it will always be the more dear to him for that reason.

But we cannot too strongly emphasize the risk parents and teachers take when they try to force Bible readings on young children in the form of "lessons." This approach has set many a child against the whole idea of religion.

There is so much in the Bible that a child will love the beautiful sound of, even before he understands its meaning, that we feel he is entitled to hear the words in their full rich poetic beauty.

After all, even the youngest child can enjoy the rhythm of, say, the great poem of creation with which *Genesis* opens:

And the earth was without form and void; and darkness was upon the face of the deep.

And God moved upon the face of the waters.

And God said, Let there be light: and there was light.

And God saw the light, that it was good: and God divided the light from the darkness.

And God called the light Day, and the darkness He called Night.

And any child who hears it sympathetically read will rejoice in the rhythmic cadences of the Sermon on the Mount, the King James version of which follows:

Blessed are the poor in spirit
For theirs is the kingdom of heaven.
Blessed are they that mourn
For they shall be comforted.
Blessed are the meek
For they shall inherit the earth.
Blessed are they which do hunger and thirst after righteousness
For they shall be filled.
Blessed are the merciful
For they shall obtain mercy.
Blessed are the pure in heart
For they shall see God.
Blessed are the peacemakers
For they shall be called the children of

The Lord's Prayer and many of the poetic psalms may certainly be read to a young child—and their majestic rhythms will remain in his memory, like the other rhythms of his childhood, for all the years of his life.

God.

The Bible for the Older Child

As the child grows older and the Bible becomes more meaningful to him, he will

want to know more about it. Whatever his faith he should know that some Christians consider the entire Bible as Divine Revelation, while others consider it a library of great books containing some of the oldest and most important writings of the early Jews and also the earliest books we have about Jesus and the founding of the Christion Church. The Catholic Bible differs in certain respects from the Protestant Bible. and the Jews accept only the Old Testament as their Bible. But whatever Bible any of us may use, we must remember that all English Bibles are translations. The Old Testament was originally written in Hebrew, the New Testament in Greek or in the language Jesus used, Aramaic.

Today the Bible is to be found in every country in the world translated into the language of that country. In many homes the Bible is the only book the family owns, and many people have learned to read by reading nothing but the Bible. It is now available in many editions—expensive ones and inexpensive. Hundreds of thousands of Bibles have been given away free. It is the most widely read book in the world.

For every spiritual need, for every human need, the Bible has light and inspiration and values of trust and goodness for all of us to live by.

Religion Through Love Rather Than Fear

Almost every religion teaches that God is love and that the true spirit of religion is therefore the spirit of love. Yet there are some parents—and some teachers too—who base their religious teaching on fear.

Could it be that the idea of coercing children to "fear God," as Peter adjured in the



Religious school choir practice.

Religious News Service Photo

le, has come about through a misintertation of the word fear? Surely it never ant "be afraid of," but rather "hold in and reverence." We all know now that better for a child to want to please his ents through love and admiration than ough fear. Then should we not also hope they will want to please God and do will through love and reverence rather a through fear?

fa child's parents accept God as a loving her, the child will so accept Him too. If if the parents explain their faith in It as a force for good which people feel never see, the child will learn to have in his parents' faith.

How the Church and the Family Can Cooperate

of course the churches and religious ols also play a vital role in the religious

education of children. But the family's attitudes and practices must reinforce the church's objective—and equally the child must be able to relate his church and religious school experiences to what he has learned about religion at home.

To parents who tend to take their cue from the religious schools, we would point out that more and more of them are today revising their methods to meet the psychology of child-training now approved for the home. There is less and less emphasis, in religious schools, on memorizing names, events, and verses from the Bible. It is now recognized that though children may learn facts about their religion in this way, they do not often enough relate these facts to their daily lives.

Religious teaching today, in most church schools, emphasizes religion as part of a child's daily life, with love, forgiveness, and



"Praise ye the Lord," sing these children in a spirit of brotherly love and purity of worship.

B. Anderson/Monkmeyer

service as its watchwords. Thus it becomes more natural for the child to accept his church as his other home, with God's love easier to understand as an extension of the love of the adults who are dearest to him.

Tolerance for Others' Religious Views

We are the first to admire these who, having chosen their own religious faith, are as loyal to it as they are to their families and to the friends they hold dear. But since, in a democracy, everyone is free to worship God according to the dictates of his own conscience, tolerance of the way others worship must be part of our children's education too.

Encouraging tolerance in our children is one aspect of our duty to grow with them as they grow. As they get on toward high school, most of them will be thinking along idealistic lines. If left to themselves, most of them will want to admit to their homes and to their hearts children of other races and other religions whom they meet at school and in community life.

Wise parents will encourage their children's impulses toward friendliness and brotherhood at this time. The parents may youngsters are brought up in the faith of the not always approve of the child's choice of stronger-willed parent. Some are exposed to friends, but surely an atmosphere of hospi- the religious beliefs of both parents and entality, friendliness, and tolerance in the couraged to adopt the religion of their child's home is going to do more for his choice as they approach adulthood. Other character and his general outlook on life parents compromise by sending their chilthan an attitude of distrust and censorship of this child or that.

How to Keep Children Free of Racial and Religious Prejudice

In any such discussion as this it must first be clearly established that in the kingdom

of God there is no racial or religious prejudice. God, in His Divine love, makes no distinctions of race, creed, or color.

But we humans, strive as we will, have not attained the status of an all-wise, everloving God. We are plagued by our faults. Even in democratic America there is prejudice-although it is contrary to the spirit of every religion.

Most parents, however, do want their children to grow up as good people-in the religious sense of the word. We feel, therefore, that a little more understanding of this problem might be of help to parents who are themselves in conflict about it. It is our hope that every parent reading this book, however loyal to his or her own faith, will be willing to understand that others may worship differently and that each faith has its own traditions of ritual and beauty.

Children with Parents of Different Religions

In an increasing number of homes, parents are of different faiths. These couples undertake their children's religious education in one or another of several ways: Some dren to schools or Sunday Schools of a third, perhaps less structured, sometimes more socially accepted, denomination. And then there are those who put off and finally neglect their children's religious education completely.

How these methods work out depends on

the parents involved. Even the child whose spiritual education is completely neglected often attempts to establish some relationship with a Deity. Children reared in a two-faith home are likely to learn tolerance early.

The success of a two-faith marriage, as far as the children are concerned, rests heavily on parents' mutual respect. Ideally, parents' plans for possible children's religious education should be worked out before marriage. Parents who have sharp religious differences should make every attempt to leave the children out of their arguments. When disagreement continues, they should ask themselves honestly if they are not using religion as a weapon. Parents who struggle to claim their children for their particular religion are likely to lose the battle. The inspiration a parent receives from his or her religion is clearly felt by the children. This inspiration is more apt to draw a child toward a religion than any coercion.

Often young parents are pressured by their own parents when a child's religious education is in the balance. Most of us would not wilfully hurt our parents, but, difficult as it sometimes is, the welfare of the child must be given first consideration. This must be achieved, however, with respect for the convictions of all involved.

The Nature of Prejudice

More and more, in America today, we hope the walls of hate are tumbling down. Even those who maintain barriers do not always submit "reasons" that are hateful ones. As the world grows smaller and more dangerous, people are realizing they must open their hearts to strangers. Many parents are sincerely trying to bring up their children to love their neighbors as themselves—

or at least to live with them in peace and to let them worship God in their own way.

Of course, we all have our likes and dislikes. We naturally prefer, as our friends. those to whom we are drawn on grounds of common tastes and interests, congeniality, personality, and character. Of course we will accept some people rather than others into our hearts and homes. And these are all perfectly proper preferences when they are made after an acquaintance with the persons involved. The evil thing about prejudice is that it pre-judges (as the word implies). Prejudiced people will decide, before they know him, that they are going to reject this person or that merely because he belongs to a different race or religion. They don't give him a chance to show what he is as an individual.

Children themselves, of course, have no prejudice—until someone teaches them about it or until they learn about it by bitter personal experience in the social life of their communities. Some children learn to be prejudiced in school, some even in church!

But, in the long run, in this matter as in others, our children will reflect our attitudes. Even before they are old enough to understand what we say, they catch meanings in our tone of voice, in the expression on our faces. In short, they absorb our *true* attitudes, whatever they are.

Where There is No Prejudice

And now, for parents who really do want their children to grow up true to the principles of religion as well as of the democracy we profess to believe in—here are a few thoughts we hope will prove helpful.

Have you ever been in a hospital ward or



HE CHURCH SCHOOL

nese children of various faiths come gether in fellowship for fun and games.

on a battlefield or in any common danger with other people? If so, you will know now, in these conditions, prejudices vanish. You feel as one, in prayer and hope, with even the strangest of fellowmen. Emotional experiences shared—a common danger, a common illness, the presence of death or pirth or any of the other great experiences common to all mankind—these inevitably dissolve prejudice.

In the last analysis, we all have the fundamentals of life in common—black and white, Christian and Jew, Oriental and Occidental, Catholic and Protestant, rich and poor. It is only in the non-essentials—he accidents of our birth and our "conditioning" in life—that we differ.

If we ourselves truly believe in the protherhood of man, if our home environment is one of mutual respect, we need have little fear of any influences our children may encounter outside the home. A child's true feelings are formed where all his essential attitudes are formed—in his

own home, by his own people.

And now, for those who want a wider understanding of the rituals and beliefs of the three great religions of the western world, the following pages describe them as objectively as possible, in historical order—the Jewish, the Catholic, and the Protestant. We hope our readers will find the descriptions informative.

The Jewish Faith



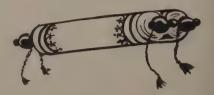
The religious practices of orthodox Jews are intended to keep them continuously mindful of the origins of their faith by the celebration of the Sabbath, by dietary laws, and by various religious ceremonies. In all these rites symbols are used that have their roots deep in Judaism and the history of the Jewish people.

The small tribe of Hebrews living in ancient Palestine must have begun to worship one God at least a thousand years before the birth of Christ. We know this from some Hebrew chants that were written as long ago as the ninth century B. C. In the most sacred part of the Torah, the first five books of the Old Testament, there is a section called the *Shema*. Jewish children are taught to read the Hebrew words of the *Shema*, "Hear, O Israel: the Lord our God, the Lord is one."

The story of the Hebrews from Abraham to Moses is told in the *Torah* which contains, also, the laws and history of Judaism. Abraham was the first man to be known as a Hebrew. The tribe grew and flourished and migrated to Egypt. There the immigrants were enslaved by Pharoah until, after many years of labor and suffering, they were de-

livered by Moses, the great leader who gave them the Law and the Ten Commandments.

Moses taught not only that there is one God, but he taught also that He is a God to be trusted, for the *Shema* continues: "Thou shalt love the Lord thy God with all thy heart and with all thy soul and with all thy might." This is one of the two most significant teachings of the *Torah*. The other one is "Thou shalt love thy neighbor as thyself."



After Moses had led the Hebrews out of Egypt into the land of Canaan, the tribes spread and prospered.

This Jewish boy has been given the special honor of displaying the sacred Torah in the Synagogue on one of his holy days.



Monkmeyer

They grew to be a great nation under King Solomon. But because some of the people supported the kingdom of Judah and others the kingdom of Israel, they became divided.

The result of this disunity among the Jews was that they became the prey of their warlike neighbors. We read of a great victory under the leadership of Judah Maccabee. But then defeat followed defeat, and in 70 A.D. Jerusalem was finally conquered by Rome. Both Judah and Israel became part of the Roman Empire, and the Jews no longer had a home.

Then began the great Diaspora, the dispersal of the Jews throughout the world, and it has continued into our own times. They endured cruel persecution and oppression almost everywhere they went. Yet so strong was their faith in God, and so steadfastly did they keep alive the ancient family and religious traditions that bound them together that they are today establishing, in the land of their forefathers, a homeland for Jews from all over the world. This modern state is called Israel. The language the people of Israel speak is based upon ancient Hebrew. Their religion still tells them that "The Lord our God, the Lord is one."



DIETARY LAWS

Certain rules governing the attitudes to be taken towards eating and drinking are strictly observed by orthodox Jews. The devout Jew regards the dietary laws as a constant reminder of his tradition-laden past. He knows or tries to discover the origin of the laws and obeys them even though some of the conditions which made them necessary years ago no longer prevail today.

It is difficult to trace the origin of all the laws, which date back thousands of years. As an example, learned scholars among the Jews have sought to interpret the Biblical command, "Thou shalt not seethe a kid in his mother's milk." They believe the seething (or boiling) of a kid in milk may have been a pagan custom and that God forbade the children of Israel to follow pagan customs. Later the law came to mean do not eat meat and milk out of the same dish. And this was also a sanitary precaution. because in the distant past the Jews, like all dwellers in the hot desert, were obliged to safeguard themselves from the risk of food-spoilage. They ate out of wooden dishes. Water was scarce. If milk was drunk out of a dish that had contained meat, the milk was likely to curdle. So there had to be two sets of dishes—one for meat foods and the other for milk foods.

The ancient Jews also made laws determining the way certain animals should be killed for food and many other rules for insuring a sanitary way of life. They called their methods "kosher" and any different method "trafah." And to make sure that all their people would observe these sanitary laws, they wove them into their religious ceremonies.

So today orthodox Jewish families all over the world eat kosher food and keep two sets of dishes—one for meat and the other for milk and butter and cheese.

RELIGIOUS CEREMONIES

When a Jewish boy is eight days old, he is circumcised and given a name. This is part of a religious ceremony known as Brith Milah.

A girl's birth is announced in the Synagogue on the Sabbath following the event. She is then blessed and given a name.

At the age of six boys begin to attend the Hebrew school as well as public school. They learn the Hebrew language, the Scriptures and prayers. They study the history of the Jews and the meaning of the religious ceremonies they have already shared in and will participate in more fully as they grow older.

BAR MITZVAH

The most important event in the life of a Jewish boy, however, takes place on the Sabbath following his thirteenth birthday. He is now considered old enough to be responsible for his own behavior. He is a Bar Mitzvah, a man of duties (subject to the commands of the Torah), and he can now attend the Synagogue with his father.

The Bar Mitzvah ceremony is very impressive and meaningful. It takes place in the Synagogue. But before the boy is taken to the Synagogue he must be shown how to put on the tephillin.

The tephillin are two black leather straps with a small square box attached to each. As the boy winds one of the straps around his left arm he says, "I bind this as a sign on my hand, as a memorial of Thy outstretched arm."

The other strap is fastened behind his head with the box in the center of his forehead. Each box contains verses from the Bible, ending with the sentence, "These words thou shalt bind for a sign upon thy hand and they shall be as frontlets between thine eyes."

Tephillin and a prayer shawl or talith are among the presents a boy may receive for his Bar Mitzvah.



In the Synagogue the choir and the cantor chant Hebrew prayers and readings, and then, to the tinkling of bells, the scroll containing the Torah is carried to the reading desk. Seven special sections of the Sidrah, a chapter of the Bible, are read by the cantor. Blessings are pronounced at the end of each section by seven men chosen from among the worshipers. The Bar Mitzvah candidate either reads part of the Sidrah or intones a chapter from the Prophets. Sometimes he delivers a short speech of thanks to his parents and teachers. The ceremony ends with an address by the Rabbi directed to the boy and his family. This is usually followed by a feast to which friends and relatives are invited.

THE JEWISH SABBATH

Saturday is observed by the Jews as the Sabbath, a day of rest and worship, because in their calendar God created the earth in six days and rested on the seventh day, which was Saturday.

The Jewish Sabbath begins at sunset on Friday and ends at sunset the next day, because that is the way time was measured in the days when people first began worshiping one God.

No work is done on the Sabbath by ordox Jews, not even cooking; so Friday day of preparation in the home. The ble is set with fine linen and flowers and ver or brass candlesticks. Sweet wine is ured into a silver cup. Twisted loaves of ead, called Challah, are placed on the ble and covered with a linen cloth. As a Sabbath begins, all is ready and the other lights the candles and says a prayer. It is a tradition among the Jewish people offer hospitality to the stranger, and my often some lonely person discovered the Synagogue is brought home to share the Friday night supper.

The father then reads the passage from a Biblical Book of Proverbs praising good omen, and he blesses his children. Before ting down at the table he pours sweet ne for each member of the family and the guest and says a blessing. At the end the meal a psalm is sung and thanks are fered to God.

Next morning all the family attends the ragogue, and in the afternoon the men tend another service. The great Jewish riptures are read and discussed.

As the Sabbath draws to its close the w who practices his religion feels that all ese ceremonies in which he and his family have shared have helped them "to achire an additional soul." They wish each her a "good week" as they gather around e table at sunset for the final ceremony Havdalah that marks the end of the Sabath.

DLY DAYS AND FESTIVALS

Rosh Hashanah. This is the first day of the ar for the Jewish people. It falls some

time between September 8 and October 4. It is the day when God judges men and men are called upon to judge their own lives. To emphasize the solemnity of Rosh Hashanah, the shofar, a trumpet from a ram's horn, is blown in the Synagogue, as it is also on the Jews' other High Holy Day, Yom Kippur.

Rosh Hashanah is generally observed for two days. The reason for this is that the holiday begins as soon as the new moon appears in the sky, and after the dispersal of the Jews it was very difficult to be sure that Jews in one country would observe the new moon at exactly the same time as those living in another. Letting the holiday spread over two days seemed a good way of getting over the difficulty.

After Rosh Hashanah there follow the Days of Penitence, and ten days after the beginning of Rosh Hashanah comes Yom Kippur, the solemn fast-day of Atonement, the end of the period of judgment. It is the holiest day of the year, a day of confession of all wrong-doing during the year, and a plea for forgiveness. The prayers and singing begin at sunset the night before. At this beautiful service the chants known as Kol Nidre are sung by the cantor. So inspiring is this service that some worshipers remain in the Synagogue all night and take part in the services that continue during the next day. The climax is reached during the last service before sunset when a blast sounded on the shofar announces that the Book of Life is sealed, the fast is ended, and the new year has really begun.



THE FEAST OF THE TABERNACLES

Succoth, or the Feast of Tabernacles is a reminder of the insecure days when the Jewish people lived for forty years in the wilderness. Families who live in the country build small arbors outside where they eat their meals during this one week. In the city green branches and fruit hung over the table or balcony or stairway take the place of the arbor.

CHANUKAH

This holiday occurs in December like the Christian Christmas festival. It celebrates the victory of Judah Maccabee over the Syrians who tried not only to conquer the Jews but to destroy their religion. The Syrians occupied the temple in Jerusalem for three years. When the Maccabees finally drove them out, the Temple had to be cleansed and a new altar installed. On the altar the Jewish victors placed a beautiful Menorah, the candlestick with seven branches.



Chanukah lasts for eight days. It is not a synagogue holiday. The only ritual observed in connection with this celebration is the kindling of the Chanukah lights in every home. The candles or lamps are kindled from right to left. The custom is to kindle one light on the first night, and then to increase the number of candles by one on each successive night. This is done in commemoration of the miracle which occurred when Judah Maccabee relighted the Eternal Light in the Temple with the only available vial containing one day's supply

of oil. The light burned for eight days, the time needed to replenish the supply of oil.

This Festival of Lights is particularly enjoyed by children, who play games to illustrate the Maccabean victory, give parties, and exchange gifts.

PURIM

Purim is also a happy festival and commemorates the victory of the Jews over Haman, the tyrant. Hamantarts (called Hamantaschen) are baked and eaten with relish. The Biblical stories of Esther and Mordecai are told and a party atmosphere prevails. Children and adults usually put on fancy costumes and masks. Some, more ambitious, stage Purim plays.

PASSOVER OR FESTIVAL OF LIBERATION

This is a festival occurring in spring and lasting eight days. It commemorates the "passing-over" of the avenging angel in Egypt on the night when all but Jewish families were smitten by the death of their first-born.

The words of the Song of Songs are read in the Synagogue on Passover (or *Pesach*) morning:

"The rain is over and gone; the flowers appear on the earth; the time of the singing of birds is come and the voice of the turtle is heard in the land."

Passover is ushered in by the Seder, which means the order of services, and the word is used to call attention to the fact that on this particular evening special customs are being followed. Matzoh, a form of unleavened bread, is eaten as a symbol of the hasty departure of the Jews from Egypt. There was no time to set bread to rise before baking it.

A dish contains other symbols: a roasted mb bone representing the sacrificial lamb; roasted egg meaning life and hope; bitter erbs denoting the bitterness of being derived of human rights; Haroseth, a mixture chopped apples and nuts and wine to mulate the mortar of which the bricks ere made by the slave labor of the Jews Egypt. At the table the father reclines oon cushions, a sign of his being a free an.

It is the custom for the youngest child, or erson, to ask "the four questions" about e symbolism of the Passover. The father swers each question, and explains the use bitter herbs and unleavened bread, and her observances according to the tradition he himself has always followed, for the additions vary among Jews in different erts of the world.

The meal that follows these readings and scussions is a real feast of fish, poultry, and rich desserts, though it begins with eggs eved with salt water as a reminder of the any tears shed by Jews throughout their story.

Passover is observed as a period of rejoicg, however, when the greatest emphasis placed upon implanting in the minds of wish children an understanding of the st and hope for the future.

STIVAL OF THE FIRST FRUIT

This festival is also known as *Pentecost*, eaning fifty, because it takes place fifty ys after Passover.

It is celebrated partly in thanksgiving the harvest and partly in commemorator of the day the Ten Commandments

were supposed to have been given to the children of Israel by Moses. Jewish homes are garlanded with flowers and greenery on this day of *Pentecost*.

REFORM AND CONSERVATIVE JUDAISM

Today a fairly large proportion of the Jewish people, known as Reform Jews, practise a modified form of ritual that they find better adapted to modern western ways than many of the Orthodox rituals.

Another group, a smaller one, describing itself as Conservative, favors certain modifications but retains more of the Orthodox practices than the Reform group.

Reform Jews worship in what they call a Temple rather than a Synagogue. The men take off their hats in the Temple. The whole family may sit together. Both men and women sing in the choir, and both boys and girls are confirmed. (Confirmation takes place, not necessarily at the age of thirteen, but when the boy and girl have acquired knowledge of the Scriptures.) The Rabbi's sermon and most of the prayers and readings in the Temple are in English instead of Hebrew. And most Reform families do not keep separate dishes for meat and milk foods in their homes.

However, the essential faith of all Jewish believers remains the same, whether they are Orthodox, Conservative, or Reform. They all worship one God, the God of Abraham and Moses; they all cherish the Hebrew Scriptures; and they are all inspired and held together by a knowledge of the suffering and heroism that have made up their long history.

The Christian Faith (Roman Catholic and Protestant)

Roman Catholic and Protestant worshipers believe that God sent His only Son to obtain forgiveness and attain eternal life miraculous birth to a Son. through faith in his Father in Heaven and love of his fellow men.

THE LIFE OF JESUS ON EARTH

The story is told in the Gospel how an into the world to take on Himself the bur- angel appeared to the Virgin Mary, in den of men's sins, and to show man the way Judaea, announcing that she would give

> When Herod the King heard this news he was afraid because it had been foretold



These little children listen fascinated as their teacher tells and illustrates the beautiful story of Christianity.

Philip Gendreau

by the prophets that a Son would be born of a Virgin in Judaea and that this child would become King of the Jews.

In the meantime, Joseph, a carpenter in Judaea, and Mary, his wife, had gone to Bethlehem, to pay their taxes. But when they arrived, they found there was no room at the inn and they had to sleep in the stable. And it was in this stable that Mary gave birth to her Son, Jesus, and laid Him n the manger.

That same night, as shepherds were watching their flocks in the fields, they saw a bright star in the East. As they watched the star, it began to move, and they followed it until it stood still in the sky over the stable in Bethlehem. An angel appeared to them saying, "Fear not, for I bring you good tidings of great joy. For unto you is born this day, in the city of David, a Savior which is Christ, the Lord."

And a choir of angels sang out, "Glory to God in the Highest, and on earth peace, good-will towards men."

The shepherds hastened to worship the new-born Jesus and spread abroad news of the marvels they had heard.

Thus it was that the prophecy Herod had heard was fulfilled: a King had been born in the city of David. And immediately Herod commanded that all infants in he land be slain!

Joseph, being warned, took Mary and he Child into Egypt and remained there with them until the death of Herod. Then he Holy Family returned to Judaea and ived together in peace in the little village of Nazareth.

When he was old enough, Jesus helped oseph in the carpenter's shop, but He was oreparing at the same time for His life's

work. When He was twelve years old, on a visit to Jerusalem with Joseph and Mary, He disappeared for three days, and was discovered in the Jewish temple discussing the Scriptures with the most learned Rabbis of His day, astonishing them with His wisdom.

"How is it that ye sought me?" He asked Mary. "Did ye not know that I must be about my Father's business?"

John the Baptist was a forerunner of Jesus—a voice crying in the wilderness calling upon the people to repent. He baptized all who came to him, cleansing them of sin; and when Jesus came to John to be baptized, the Holy Ghost descended in the form of a dove, saying "Thou art my beloved Son, in whom I am well pleased."

Jesus reached the age of thirty and the time came for His great trial. For forty days He verestled in the desert with an evil spirit who offered Him great riches and worldly power if He would turn aside from the task He had set Himself for His Father in Heaven. Jesus was man; therefore He knew temptation. But being God too, He put temptation behind Him.

From that time on Jesus devoted Himself to teaching in the synagogues, by the seashore, by the wayside, throughout the land. He called twelve simple men to follow Him, many of them fishermen like Peter; Matthew, the publican or tax-gatherer; John, the disciple Jesus loved; Judas Iscariot, who betrayed Him.

Jesus spoke to the people in parables so that they would seek for the true meaning of his stories and thus come to a clearer understanding of the message they contained. His most treasured teachings have come to be known as "The Sermon on the Mount," in which he spoke of the blessings of mercy, of humility, of purity of heart, of poverty and of love towards friend and foe alike.

He performed many miracles to heal the sick and provide for the poor and lowly. And wherever He went throughout the land men and women crowded around Him, so that the chief Jewish priests and Pharisees began to fear His influence. The most powerful of them plotted to put Him to death.

Jesus retired for a while into the wilderness with His disciples so that His enemies should not be further aroused against Him. But as the time came to celebrate the Passover, He knew that His hour was come, for He must appear in Jerusalem for the feast.

He entered Jerusalem riding an ass, and a great crowd of his faithful followers met Him and strewed palm leaves on the ground before Him, crying "Hosanna! Blessed is the King of Israel that cometh in the name of the Lord."

At the Passover, on their last supper to gether, Jesus told His disciples of His approaching death. He took bread and broke it and gave some to each disciple, saying, "Take, eat. This is my body." He took wine and gave the cup to each disciple, saying, "Drink ye all of this. This is my blood that is shed for many for the remission of sins."

Jesus knew that Peter would deny Him and Judas would betray Him, and He was sorrowful. He left them and went to a solitary place called Gethsemane and prayed, "O my Father, if it be possible let this cup pass from me; nevertheless not as I will but as Thou wilt."

Soon after He returned to the disciples, Judas gave Him the kiss which betrayed Him to His enemies, and that same evening Peter denied His Master.

Jesus knew that His enemies were working against Him, accusing Him of trying to make Himself King of the Jews, and He was ready next morning when they came to take Him before Pontius Pilate, the Roman governor. Pilate thought Jesus "a just man" and would have released Him, but the excited mob cried out "Crucify Him!"

He was crucified at Golgotha between two thieves. Mary, His mother, and John and Mary Magdalen and another Mary stayed at the foot of the Cross watching with Him until He died.

Then Joseph of Arimathea, a friend of Jesus, took His body and wrapped it in fine linen and laid it in his own new tomb. He rolled a heavy stone against the door and went away, leaving the women still mourning.

Late on the following Sabbath the women, going to the sepulcher, found it empty, and the stone rolled away.

An angel appeared to them and said, "Fear not. I know ye seek Jesus that was crucified. He is not here, but is risen."

The risen Lord appeared to Mary Magdalen at the sepulcher, and to His disciples as they sat together later that same day. He showed them His wounded hands, feet and side, and they gazed at Him in wonder.

Jesus spoke to them of the Scriptures that were fulfilled by His death and resurrection. He said, "Go ye into the world and preach the remission of sins among all nations, beginning at Jerusalem."

He blessed His disciples, then separated Himself from them and was carried up to Heaven.

The Roman Catholic Faith

The word "Catholic" means universal. he word "Roman" is part of the name of the Roman Catholic Church too because coman Catholics believe the Church was e-established in Rome, with St. Peter as its rst Bishop, after having been founded in the Holy Land by Christ Himself.

HE CHURCH ITSELF

The traditional shape of the Church is hat of the Cross. A broad aisle called the ave runs down the center. Two side aisles un parallel to it.

The aisles are crossed by a transept or ross-aisle from north to south. And from his transept steps lead from the nave to the hoir and altar.

There are usually altars at the east end f the side aisles too. One may be dedicated to the Blessed Mother Mary, the other to oseph or some other Saint.

Many Catholic Churches are decorated with paintings and sculptures of great eauty, depicting events in the history of the Church. Frequently the Stations of the Cross are carved or painted on the side walls, reminding worshipers of the stages of Christ's progress towards Calvary, which another name for Golgotha. The windows are pictures too, made of small pieces of eautifully colored glass through which the ght from outside is filtered to a soft warm low.

In the Church entrance stand the Bapsmal Font and a fount of holy water with hich the worshiper may bless himself as enters and leaves the Church.

THE LAYING ON OF HANDS

After the death and resurrection of Jesus the disciples carried out His instructions to spread the Gospel to all the world, and Peter traveled to Rome. In time he became the first Bishop of Rome, and when he died his authority passed to his successor. These successive heads of the Church came to be known as Popes.

Bishops are consecrated by a ceremony known as the laying-on of hands. In this they receive the gift of Divine power, and they pass this gift on to every priest and to every member confirmed in the Church.

SACRAMENTS

The Catholic Church has established traditional ways of paying homage to God by observing the Sacraments of Baptism, Holy Communion, Confession, Confirmation, the Sacrament of Marriage, the Sacrament of Ordination whereby priests are ordained, and the Sacrament of Extreme Unction, administered to those near death to comfort and strengthen the soul, to remit sin, and to restore health when God so decrees.

THE BAPTISMAL SACRAMENT

Catholic children are baptized during the first few weeks of their lives because the Church teaches that baptism is necessary for the salvation of their souls. All Catholic children must have godfathers and godmothers who undertake responsibility for the child's spiritual welfare in case his parents should die before he is old enough to be confirmed. One of the godparents holds the child while the priest pours a few drops of the baptismal water on his head three times, saying, "I baptize thee in the name of the Father and of the Son and of the Holy Spirit." The priest then anoints the child's head with oil in the form of a cross. The child is now a member of the Church. He has been given the protection of the Father, the love of His Son, Jesus Christ, and the blessing of the Holy Spirit.

THE CATHOLIC CHILD'S FIRST COMMUNION

Children belonging to Catholic families usually attend the celebration of the Mass

at an early age, so that by the time they are seven or eight they are familiar with the appearance and ritual of the Church.

They now learn the Church Catechism, which teaches them that all sacraments are "the outward visible sign of an inward spiritual grace." They are taught that it is their duty to love God and keep His Commandments, and to love their neighbors as they love themselves.

They are also given instruction in the meaning of the ritual of the Mass, to prepare them for their First Communion.

The altar is familiar to them—the long



These seven-year-old triplets receive their first communion at St. Anthony Catholic Church.

Religious News Service Photo

rrow cloth-covered stone before which the iest stands in his rich robes. Now they arn that it is the place of sacrifice, and at the priest is re-enacting before it the ast Supper of Jesus and His Disciples. sus is again offering Himself as a sacrice for men's sins.

In the center of the altar stands a strong ox called the *Tabernacle*, and inside the abernacle is a gold or gold-lined vessel alled the *Ciborium*. This contains the Host, he bread of the Sacrament.

Candlesticks are arranged on either side f the Tabernacle, and the number of andles burning depends upon how festive r how solemn the Mass is that is being elebrated.

On the right of the Tabernacle stands the Missal containing the printed ritual of the Mass.

A sanctuary lamp is kept burning contantly as a symbol of the real presence of Christ.

Above the Tabernacle is a crucifix.

The Mass begins with prayers and a conession of sins and some readings from the Bible. At the most solemn moment of the Mass the priest raises the Host, saying, "Take re and eat ye all of this, for this is My Body." And, a moment later, "This is the chalice of My Blood." He bends his knee and bows, then receives the wafer and the wine.

The congregation may reply, "My Lord and my God."

Then the boys and girls who are to receive Communion come to the altar, kneel down, and say the Confession of Sins. The priest places a wafer on each child's tongue, saying "May the Body of our Lord Jesus Christ keep thy soul unto life everlasting.

Amen."

The child knows now that in receiving the Sacrament he has received the Savior Himself. All his life he must try to be worthy of Christ's sacrifice.

CONFESSION

A Catholic child may go to Confession even before his First Communion, but after this Sacrament he makes his confession regularly.

The Confessional is a small closet-like room divided in two by a screen. On one side of the screen the priest sits ready to hear the confession of the penitent. The latter kneels down saying, "Bless me, Father, for I have sinned." He then tells the priest all the wrong things he has done and all the wrong thoughts he has had.

The priest gives him strength and encouragement to do better, but he must also do a penance. This usually takes the form of saying certain prayers a number of times.

The penitent then says "O my God, I am heartily sorry for having offended Thee, and I detest all my sins because I dread the loss of Heaven and the pains of Hell; but most of all because they offend Thee, my God, who are all good and deserving of all my love. I firmly resolve, with the help of Thy grace, to confess my sins, to do penance, and to amend my life."

The priest replies with the Absolution: "May our Lord Jesus Christ absolve thee; and I absolve thee from thy sins in the name of the Father and of the Son and of the Holy Spirit. Amen."

The penitent leaves the Confessional, stopping in the Church to say the prayers

the priest has given him as a penance, and to thank God for His mercy.

CONFIRMATION

Confirmation is one of the most beautiful of all Catholic sacraments. This is the time when children having reached the age of twelve are considered old enough to begin taking on spiritual responsibilities.

The boys in their dark Sunday suits, and the girls all in white with veils over their hair, walk up to the altar where the Bishop awaits them. They kneel down, and the Bishop, after saying some special prayers, makes the sign of the Cross upon the forehead of each child, using the holy oil, and saying, "I sign thee with the sign of the Cross and I confirm thee with the chrism of salvation, in the name of the Father and of the Son and of the Holy Spirit." He gives a light tap on the cheek of each child as a symbol of the suffering he or she will have to bear as a Christian. There is usually a home celebration after the service. The children receive gifts and congratulations from their friends upon reaching this very important stage in the life of a Catholic.

FESTIVALS OF THE CATHOLIC CHURCH

The most important Catholic festivals commemorate events in the life of Christ, though the Catholic Church also celebrates many Saints' Days during the year.

CHRISTMAS DAY

The commemoration of Christ's birth is the happiest of all Church festivals. The Church itself is gay on Christmas Day. The priests wear their richest robes. Flowers, green boughs, and candles decorate the altar, and incense perfumes the air all day.



J. J. Fox

Two choir boys getting ready for a service.

The crêche—a little model of the Christ Child, Mary, and Joseph in the stable, with the Shepherds and the Wise Men, the farm animals and the choir of angels—especially appeals to children everywhere, both in the Church and at home.

A Mass suitable to the joyous occasion is said, and the choir sings beautiful Christmas songs.

LENT

Easter Sunday is preceded by forty days of penance and fasting. These forty days commemorate the time Christ spent in the wilderness before He began His Father's work on earth.

Lent begins on Ash Wednesday, so-called because those who attend the Church service are marked with the sign of the Cross in ashes on their foreheads. "Remember, an," the priest says, "that thou are dust and to dust shalt thou return."

Throughout Lent the Church is somber, the priests wear violet-colored vestments and during the last two weeks the images to veiled in purple. Most believing Cathics attend special services and deny them-lives certain foods or luxuries during this eriod.

The last Sunday in Lent is called Palm anday, commemorating the triumphal atry of Christ into Jerusalem when the cople strewed His path with palm canches.

Holy Week follows. During Holy Week andles are lighted and then extinguished ne by one as the priest chants penitential salms. When all is dark the last candle is elighted to symbolize Christ risen from the ead.

On Holy Thursday the Host is removed om the main altar.

Good Friday, the day of Christ's Crucixion, is the saddest day of all the Christian ear. The priests wear black. The crucifix taken down from over the alter and laid the steps, and the worshipers pass before stopping to kneel and kiss it in recognition of Christ's supreme sacrifice.

EASTER SUNDAY

This is the festival of the Risen Lord, a day of great rejoicing for all Christians. Flowers and lights, bright rich raiment and incense return to the Church, and many Masses celebrate the triumphant Christ who "hath risen from the dead, to die no more."

THE UNIVERSAL SPIRITUAL MEANING OF CATHOLIC WORSHIP

All the ritual in the Roman Catholic way of worshiping God has a spiritual meaning. For centuries, Latin was the language of the Mass. Today Mass is celebrated in the vernacular of each country to enable worshippers to participate more easily. The candle-lit altars, the images, the rich vestments, the attitudes of prayer and obeisance of people and priest, the solemn music echoing in the high vaulted roof - all these in their varying forms and degrees contribute to the strengthening of the bond among Catholic believers. Together they bow down to God in humility, together they sing their praises to Him, and together they strive to be worthy of eternal life through Christ.



The Protestant Faith

The forms adopted by Protestant Churches all over the world vary from one denomination to another, but all denominations are united in one important respect: They do not accept the authority of the Pope as God's representative on earth, as the Roman Catholics do. That is, though they are quite ready to be taught the Scriptures by ministers of the Church, they claim the right to read and interpret the Scriptures for themselves.

PROTESTANT DENOMINATIONS

It is easy to see how insisting on this right would lead to rifts within the Protestant community, and a tendency to form new denominations.

This process began in the sixteenth century when Martin Luther broke away from the Roman Catholic Church, partly in protest against some practices that had grown up in Rome, and partly because he felt strongly that a man should be guided by what his own mind and conscience told him.

Other rifts occurred later. The Congregational Church was formed by Protestants who insisted that the congregation itself make the rules for the government of the Church. The Presbyterians wanted a Church ruled by Presbyters or Elders. The Methodists adhered rigidly to certain strict methods of ordering their religious lives as taught by John Wesley. The Episcopalians retained something of the early Roman Catholic belief that bishops have Divine authority, having been ordained by successive "laying-on of hands" since the ear-

liest days of Christianity. The Quakers followed the teachings of George Fox in England and of William Penn in North America.

PROTESTANT CHURCH STRUCTURE

It is not surprising to find in the form and structure of Protestant churches as great a variety as is seen in their forms of worship. In actual structure some, like the Episcopal Church, retain the traditional division of the main body into aisles crossed by transepts, the center aisle leading to choir and altar. But most other Protestant churches are more simply built, some with the austere exterior of a meeting-house, others, like those in New England, of an unassuming dignity with white columns and a slender, graceful spire. And today many churches in the west have a modern structure.

The interior is planned to bring minister and elders and congregation into close communication with each other. Sometimes it is no more than a large room with rows of pews, and at one end a platform and pulpit. Large churches add galleries to accommodate their growing membership.

THE PROTESTANT SERVICE

The service is very much simpler than the Catholic service. The minister wears only a simple black robe to cover his everyday clothes.

The minister may even plan the service as he sees fit, uninfluenced by custom and avoiding all forms and rituals. He reads from the Bible, preaches a sermon, says yers which he may compose himself for occasion. And the congregation joins in singing of stirring hymns.

There are no holy images in these Protant churches; no incense burns; no holy ter stands at the door for worshipers to ss themselves with; and there is no consional. At the communion service every mber partakes of the bread and wine, ich is regarded as a symbol of Christ's rifice and of the fellowship of men.

DTESTANTISM IN EVERYDAY LIFE

The religion of early America might be en as a pattern of the strictest Protestism. The Pilgrim Fathers had brought the them from Europe a determination to riship God according to the dictates of fir own consciences. They were willing to mit to the most rugged environment the harshest discipline to attain this

The Pilgrim Fathers not only stripped ir churches of all decoration and their vices of all ritual, but they introduced tilar austerity into their daily living.

They dressed in drab-colored clothes, ate simple food, and denounced as "frivolous" many amusements which Protestants later came to accept as perfectly harmless.

Prayers and Bible-reading had and still have an important place in family life. In many homes grace is said before and after every meal. And children are taught to say simple bed-time prayers.

The Protestant ideal is to make religion a way of life. "A cobbler, a smith, a peasant has his own calling as much as the priest," said Luther. "Every one must serve the rest so that all may work together for the common good."

BAPTISM

Many Protestant children are baptized at a very early age, before they are a year old. The common Christian practice is to baptize "in the name of the Father and of the Son and of the Holy Spirit." Infant baptism is not practiced by the Baptists or the Disciples of Christ. They delay baptism un-

Children rehearsing for a coming church festival.



J. Keating

until the child is old enough to understand the meaning of the ordinance. Then, on the basis of a personal confession of Jesus Christ as Lord and Savior, the child is immersed as a symbol of death to the old way and resurrection to walk with Christ in the new way of life.

THE CHURCH SCHOOL

Soon after the child begins attending week-day school he also begins going to the Church School, or Sunday School, usually held in a separate building adjoining the church. Here before Sunday morning service, the children are given a simple explanation of the creation of the world. They listen to stories from the Old Testament about Moses and the children of Israel crossing the Red Sea on dry land; of Noah and the animals filing into the ark, two by two; of David killing the giant Goliath. They hear the beautiful New Testament stories of Jesus, born in a humble stable, and worshiped by Wise Men from the East and a choir of angels.

Older children read the Bible for themselves and learn passages in it by heart. They study the origin and history of their denomination, and discover how it has made its way into the far corners of the earth. The men who have spread the word of God to distant lands are, for the Protestant child, of greater interest than the Saints of the past.

JOINING THE CHURCH

The Episcopalian confirmation service follows the Catholic one rather closely. But

other denominations simply receive their new members at the regular Sunday service. These new members walk up to the front of the church where the minister awaits them and welcomes them with a handshake. The congregation rises to signal its welcome.

Members who have not yet been baptized sometimes receive baptism at this time. And all new members receive communion, or the Lord's Supper. Bread and wine are distributed by the elders to all members, new and old.

PROTESTANT CHURCH FESTIVALS

Christmas and Easter are the most joyous festivals of the Protestant Church. Christ's birth is celebrated by the singing of the lovely familiar Christmas carols, both in Church and outside, by special Church services, and by the exchange of gifts among family and friends. Easter Sunday, the day of Christ's rising from the dead, is celebrated with equal rejoicing. The Church is full of spring flowers, the hymns and prayers are touchingly beautiful, and the congregation is united in giving praise and thanks to God for the birth of the Savior.

On New Year's Eve many Protestants attend the Midnight or Watch Night service, commemorating the passing of the old year and the coming of a New Year to which they resolve to dedicate greater moral and spiritual effort.

Lent is observed as a period of self-denial and self-discipline. Many Protestants also meet to take communion together on the night before Good Friday in remembrance of the Last Supper of Christ and His disciples.

The Roots of All Religious Faith

What do the words "I believe in God" an today? Have men always felt the sence of God among them? And has it ways been the same feeling as we have ay when we say we believe? How can know?

The great religions all have their Scripes that tell the story of man's worship God for the past two or three thousand ars. But the world was inhabited for ages fore the earliest Scriptures were written. d the men and women of those days can what we mean when they said "I lieve in God?" How can we know?

Remarkable discoveries are being made the twentieth century about the mind d spirit of primitive man. We have arned, from actual excavations of ruins d from the study of the habits of primie men, that they did not think of themselves as individuals but as part of the whole of life. They were bound together by a feeling of sympathy with all forms of creation.

Aeons went by, and at last men reached a stage of development which enabled them to recognize and accept one divine Creator of the universe, who was concerned with their moral life. But still their feeling of sympathy and the oneness of all creation remained at the base of their religious life.

Believers in all religions of which we know anything at all feel that as children of God we are all one. We find this spirit pervading the faiths of both the Eastern and Western world—Islamic, Hindu, and Buddhist, as well as the Judaic and the two Christian forms—Roman Catholic and Protestant. It is the root of all true religious faith.



Grace before meals helps this boy to appreciate his blessings.

A. Devaney, Inc.



A happy family enjoying life together.

A. Partos

Chapter Nine



It will naturally be good for a child's ealth and growth and adjustment to life his parents bring him up according to eday's most widely accepted ideas of baby and child care—such as are put forth in his book, for instance.

But other things—things of the heart and f good parental instincts—are far more apportant for a child than any rules or reglations that any book can advise. Many tothers who have made "mistakes" from the experts' point of view have been more accessful in bringing up healthy happy the ell-adjusted children than a mother who consistently does the "right" things without the right feeling behind them.

The most important factors influencing to development of a child are:

- 1. The kind of family he is born into the family's attitudes toward life in general and in particular toward the conditions they find themselves living in.
- 2. The relationship of the various family members to each other and to the child.

If the family is warm, loving, and outsing, and accepts each member happily r what he or she is, the child has a good ance of growing up happily too. In other ords, the attitudes and relationships within a family group have a far greater effect on the child than any rigid adherence to any rules.

All of us make mistakes, even the most conscientious mothers, and the mistakes are not going to be corrected by feelings of guilt or remorse. They can, however, almost always be overcome if the family feeling is good.

Naturally, no book can tell anyone how to feel. Feeling comes from within, not from without. But a general discussion of what the various members of a family can contribute to the general welfare of all, especially to the children, may prove helpful. It is in this spirit that we take up, in the following pages, some aspects of wholesome happy living in a family group.

The Mother in the Family

Since this entire book is devoted to the essential place of the mother in relation to her child, we shall not further enlarge on it here. We shall say only that, in the long run, a child's wellbeing is *primarily* dependent upon his mother. It is on her that he must depend for his daily care from the moment of his birth until he is ready for other relationships.

But in a modern family the time for other



Daddy gets a hearty Welcome Home from the whole family.

J. Keating

relationships comes very soon. Most fathers and mothers now share some of the tasks of running the household and caring for the children. However, it is important that the mother and father share the pleasure of child-rearing—as well as the chores and responsibilities. The family in which the mother, or the father, assumes all the responsibility may be headed for trouble. Child-rearing must be a family concern if it is to be really successful. When it is not, the

fault may lie with a mother, or father, who is unwilling to ever relinquish the reins of authority. This is something to be guarded against. The parent who shares the love for the children with the other members of the family is more likely to gain their cooperation.

The Father in the Family

As the male head of the house, and a primary provider, the father is considered a

instay and strong protector, and a link h the world of work and wider interests side the children's world of the home. is the first and most important male alt in his children's lives and thus plays essential part in the emotional maturing his daughters and his sons.

The first experience of becoming a father broud and exhilarating, but it also calls the other emotions. A new father may note whether he is equal to what is exted of him. At first he is not sure what place is. Even though he has been close his wife through her pregnancy, he is ely to feel useless around a brand new by.

Classes for expectant fathers help many a to feel comfortable through this first ge of fatherhood. A wife can also make asier for her husband by remembering t when he tries to do something for the by, it only makes him feel awkward if she wers anxiously over him and corrects him every step.

With their second and third babies, many a whisk through the baby's bath, sup, and bedtime as capably as their wives, often with less tension. When young dren develop feeding and bedtime probs, many experts recommend that the fartake over because fathers are likely to less strained and anxious, on the whole, a mothers.

The father's arrival home from work in afternoon is often a relief and someng to look forward to. If the mother ks outside the home, her arrival is ked by the same excitement. The father ags a sense of balance and a cheerful dhumor about child-rearing. The hour

or two he spends with his children at the end of the day are, for him, often a welcome change from his working day.

As the children grow older, their father takes on a different kind of importance. He brings the life of his outside world to the children whose interests are beginning to spread from the home. New interests, hobbies, games and sports grow out of sharing his skills with his boys and girls. Family talk around the dinner table becomes an important part of the children's education, and the parents' activities outside the home contribute to its richness.

Some of the stages through which their children pass can be perplexing to fathers. A boy during part of his toddler years sometimes shows jealousy and even open hostility toward his father. This is the period when little boys talk about wanting to marry their mothers. It is an early step in the awakening of strong affections, and also in the child's awareness of being a male. During this same period little girls tend to be difficult with their mothers and especially affectionate toward their fathers.

A wise father ignores his little boy's jealousy, and continues to give him fatherly affection. In the same way he can accept his little girl's advances and still keep his relationship a fatherly one, tender and protecting but not overexciting. It is not good for a little girl to hear herself called Daddy's sweetheart or father's girl, as though she were replacing her mother in reality as well as in fantasy. Through this period a father also needs to show that he and the children's mother love each other, and that this love is separate from the parental love they have for their little boy or girl. Being close to teen-age children is not easy for either parent, but often it is easier for a father than a mother. Both boys and girls, boys more than girls, tend to shy away from giving confidences to their mothers. It reminds them too much of childhood days and the dependence on mother that they are struggling to give up.

A father should make himself approachable by his boy on a man-to-man basis, and by his girl as a trustworthy and sympathetic representative of that masculine world that is both so attractive and so mysterious to her. By and large, by assuming the responsibilities of fatherhood and by sharing them with his wife from the beginning, a father reaps deep and satisfying emotional rewards.

Brothers and Sisters (Sibling Rivalry)

Brothers and sisters quarrel and fight, tease and compete, and complain to their parents about each other. They also play together, exchange confidences and share possessions, come to each other's defense and aid in trouble, and are loving and loyal. Both the joys and the hurts they experience at each other's hands are part of growing up in a family. Children first learn from their brothers and sisters what they must know about getting along with other people.

By stern measures, parents can perhaps enforce peace in the family, but it is likely to be only on the surface. Underneath, re-

This brother and sister sometimes complain about each other but they often play together as a happy team.



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tments may rankle and children who anot bring their grievances into the open by be driven to sly cruelties much worse all concerned than a healthy aboveard battle.

Even when parents are careful not to play orites, children do compete. The older ild competes with the new baby for his rents' love and attention. The younger ild tries to keep up with the older child, d fights to have the same rights and privies. Brothers tease their sisters about being ls, and sisters complain about the sloppis or inconsiderateness of brothers. Rivalry s in—the kind we call "sibling" rivalry. Parents often find it hard to steer an imrtial course among their children from y to day. When families were larger, faers and mothers did not have much time interfere, and the children worked out eir differences among themselves. But this s by no means always successful for all children. An eldest daughter often was ced too soon into adult responsibilities the need to look after the younger ildren. A child who was not by nature gressive enough to look after his rights ght be trod upon, and a too aggressive ild might never learn to set limits to his ssiness.

With two, three, or four youngsters growqup together instead of eight or ten, parts are able to know each child and see at each is given his opportunity to develop II. They may sometimes have to protect older child's right to privacy from the lang ones and see that he has the privies as well as the responsibilities of his ars. They may have to rescue the youngfrom too much bossing, teasing, or perhaps too much babying by the older ones.

Sometimes it is advisable to relieve a child of the pressure of brothers and sisters by giving him a vacation at a summer camp or finding a play group or club of children his age with whom to spend some hours away from the family. An only son suffering from too many sisters, or too much of one older sister, needs the company of other boys, as well as companionship with his father. An only daughter among boys needs help from both her parents in valuing herself as a girl, and she needs a womanly closeness with her mother as well.

Each child's place in the family, whether as oldest or youngest or in the middle, has its advantages and disadvantages. By being alert to each child as an individual, parents can minimize the accidental disadvantages of being born at one time rather than another. Each boy or girl, regardless of age or sex, has a particular place and a particular value in parents' eyes and in the family. The children, whatever their rivalries, can gradually come to see themselves and their brothers and sisters as their parents see them, both as individuals and as members of the family.

Family Meetings to Settle Grievances

In some families a device to relieve tempers and tensions is a family meeting of some kind to consider grievances. It does not matter whether this is a formal meeting with a chairman and parliamentary rules—as some parents find their school-age children like it to be—or just a getting together over supper or Sunday breakfast when everybody has time to talk. What does

matter is the *spirit* of the occasion. When a child knows that he has a voice and that other members of his family want to be fair, he feels better even if he does not get his grievances settled exactly as he would like and he usually tries to cooperate.

Sometimes there are real causes of friction. A new division of household chores, a fair arrangement for using the television or some other common possession, may eliminate a sore point. In a growing active family there are bound to be new quarrels to take the place of every one that is settled. But parents can deal with them one by one. And many, if they do not involve the adults, can be solved by the children themselves—and are best solved that way since they help to make the children realize their own responsibility for their behavior.

Brother and sister relationships seem to be the slowest to mature in children's lives. Parents are often shocked to see their teenage son or daughter battling with a younger child, all poise and dignity flung aside in the rush of anger. Many of the rivalries and conflicts of younger years rise to the surface again during adolescence.

In general it is best to let the teen-ager, or the child of any age, express anger at the moment when he feels it, rather than force it under the surface. What children must learn, of course, is how to express their strong feelings in ways that are acceptable to others. They must learn that it is not permissible to hurt a younger child physically, or to hurt a brother's or sister's feelings unnecessarily, or to use or damage another's possessions or interfere with another's work or hobby or play. These principles of living with others must be learned in the home

first. This is where guidance and occasionally a helping hand from parents are necessary and welcome.

Grandparents and Parents-in-Law

Grandparents have a special meaning to children. From grandmother and grandfather children can get a kind of love uncomplicated by the tensions and anxieties that arise in daily living. They also get a comforting feeling of the family going on

Corinna Marsh



This little boy and his Grandpa are the best of pals.

nom past to present. Grandparents tell nem about the time when their mothers and fathers were children growing up, like nemselves. Boys and girls learn, too, when new visit their grandparents and when randparents come to visit them, that there are other ways of doing things, not necestrily better or less good, but different from neir own.

To the mothers and fathers, grandparents re either parents or parents-in-law. When here is tolerance and understanding on oth sides, disagreements between the gentations need not become serious. Often, owever, a daughter who now has her own ome and children feels that her mother ill treats her as a child, and often, it is true, her mother does treat her as a child. With her mother-in-law, a woman has the dded feeling of rivalry for the affections of the man who is a son to one and a husband of the other.

Grandfathers do not so often get into difculties with their married children and nildren-in-law because they are not so such involved in household matters and the management of the children. But a candfather can also meet hostility if he ofers unwanted advice or tries to exert too such authority in the younger family's fairs.

Wise and loving grandparents can be of reat help to a young family in many ways, oth practical and otherwise. As babyters, as helpers in illness or other family ises, and as observers of some developent that parents perhaps do not see in a tild or a family situation, they contribute outsiders never can. They also add a ecial warmth to Christmas and other blidays, birthdays and family celebrations.



Grandma may be a bit old-fashioned, but Junior gets something warm and loving from her.

Grandparents may live too far away to mean more to their grandchildren than letters, presents, and visits at long intervals. Even so, the relationship is special to the children, and to the grandparents it is naturally precious. On the other hand, when grandparents live nearby or perhaps with the family, an effort usually has to be made by both the older and the younger parents to keep the relationship from being hurt. The grandparents often discover, to their surprise, that the young parents are really doing a fine and successful job of bringing up their children, in spite of what seemed to them doubtful methods. And the young parents, in turn, find that the children really aren't at all "spoiled" by grandma's indulgence or upset by grandpa's discipline either.

Parents generally are inclined to think their own parents old-fashioned and out of step with new ways. But they are sometimes bound to admit that the older people have kept well abreast of new ideas. Besides, they can bring the good sense that comes of experience to many confusing opinions about child rearing.

Parents are sometimes inclined to resent any authority the older people exert over the children. But if grandparents are to take the place of parents on occasion, or have the children visit them, they must have some authority. Mother has one way of doing things at home, grandmother has other ways in her home. That's how it is, and if parents and grandparents cooperate in accepting different ways the children will be ready to accept them too.

With the increased life expectancy and the general improvement in health and vigor during later years, older people often have a busy and active life of their own. If they do not, they may become too closely involved in their married children's lives, mainly because they have too little to do and no place where they feel useful and wanted. A number of clubs and organizations provide interesting activity and companionship of their own age for older people. Membership in a group, or useful work to do, has been found to improve not only the spirits but the physical health of older people.

Family agencies in the larger cities, churches, and possibly the state or local department of health and welfare can advise grown sons and daughters on ways to help their aging parents live happier and more independent lives.

The Baby Sitter

When engaging a baby-sitter, parents should be certain that she is:

Experienced with children and warm and friendly with them.

Dependable and mature enough to

This high school girl really loves children and makes a friendly and reliable baby-sitter for her two young charges.



S. Shackman/Monkmeyer

have good judgment as well as competence in what she will have to do for the children: giving them lunch or supper, taking them to the park, putting them to bed, etc.

In good health and will not expose the children to an infection.

Not too young, or too tired, to stay awake in order to be alert to the childen's needs and also to any unusual hazards such as fire, escaping gas, etc.

Instructions to the baby-sitter should include the following:

Details of what the children may have to eat and drink; games, toys, books to keep them occupied, any special preferences or customary ways such as a particular song or story at bed-time, a particular toy to take to bed.

Details of anything to avoid, such as particular traffic hazards if she is taking the children out, hazards in the house, an allergy a child may be subject to, candy or other foods that are not permitted.

Ways of controlling the children. Don't expect the baby-sitter to enforce discipline you yourself cannot successfully enforce; suggest to her ways that are successful with your child. She needs some authority but she must also know the limits of her authority.

Ways to be comfortable herself; use of the television, books, magazines, radio, fruit, candy, or food she may help herself to.

Telephone numbers where she may reach the parents, the doctor, an available relative or neighbor in case of need. (Be sure she knows how to use the telephone or the dialing system involved.)

Parents should make it clear what time they will be returning, and should return at the promised time or else telephone to make a new arrangement. The baby-sitter should be taken home if the hour is late, A teen-age baby-sitter should have permission from her own parents and they should know where she is working.

Traveling and Moving with Children

Traveling with children may be simply a vacation trip or visit or it may involve moving to a new home. The trip itself is made most comfortably if the child's needs for rest, occupation, and space to move around are taken into account. On planes and long-distance trains many facilities are available for mothers with babies or very young children, such as warming of bottles and baby foods. Enough bottles, jars of baby food, diapers, and fresh clothes for the trip should of course be carried along, as well as some toys and play materials. Children should be dressed comfortably and sensibly for traveling.

If the trip is made in the family car, it is best not to load the car so full that there is no room for the baby to rest except in an adult's arms, or for young children to move about. A portable bassinet of the type to hang from the car ceiling is a convenience with an infant. For young children on a long journey, the back of the car can be converted into rest and play space with a blanket or comforter and a few small pillows. Fixtures such as door and window handles should be padded. Doors should of course be securely locked and windows

open enough for ventilation. (See Safety in the Car, on p. 146).

Play materials for children while traveling should be compact, safe (no scissors, knives, or other sharp or pointed implements) and of a kind that can be used without mess: books and picture books, puzzles, simple games; coloring books and crayons; animals, dolls and doll clothes, paper dolls that do not need cutting out; for children old enough to enjoy them, maps, travel pamphlets, and other material about where they are going and what to look for on the way.

For children of toddler age, change of any kind is likely to be more upsetting than for babies or school-age children. The child between two and four will probably need his own potty-seat in strange bathrooms, his own dishes to eat from, and certainly his favorite toy or blanket or whatever he is most attached to at home. A little advance practice in going to the bathroom elsewhere than at home, in eating out, and in riding in a bus, generally helps the young child make a journey more comfortably than if he has never had these experiences.

In planning the trip, include time for reasonably frequent stops at comfort stations, for meals and snacks, and for moving around. Parents should also count on enough rest for themselves to meet the extra demands of traveling with children. Tired parents find it harder to be patient with tired children.



Moving to a New Home

Moving to a new home means being uprooted from familiar scenes, things, and people. Children take this experience in different ways, depending on temperament as well as age. By their own attitude of treating the move as an interesting adventure parents can help their children to accept cheerfully both the new home and the inconvenience of moving. If the move involves going to less comfortable or less desirable surroundings, parents can show the children how to accept it by their own examples of confidence and good humor.

In many families moving means not only a new home and a new neighborhood, but a new town or city or suburb or rural area, perhaps a change from one kind of living to another. Often, too, the father has gone ahead to find or begin his new job and to arrange living quarters for his family. The mother then has the responsibility of moving the household and family and preparing the children for the change.

With young children, it is wise to seek help with the children from relatives or neighbors while attending to the many details of packing and shipping. With schoolage and older children the whole family can pitch in. Boys and girls, even toddlers, can accept change and inconvenience when the venture is a joint family project in which they can feel useful and needed.

On moving day itself, arrange for the trip as you would arrange for any trip with your children. Some mothers feel better if their baby or young child is cared for by a relative or neighbor during moving. Some keep the child with them the entire time, either because they have no alternative or because they feel that being with mother is most important for the youngster during a time of change. If your young child is with you, arrange how you will keep him contented and out of harm's way. Whether the child stays with you or with a relative or neighbor, let him make the actual journey to the new home with one of his parents. As in traveling, a favorite toy or possession that goes with him is comforting.

Some children become upset when they see their rooms dismembered, and their things being carried out. It is a good idea in such cases to ask the moving men to take the child's things out last and set them up first in the new home. It is also a good idea to let the child put some of his most precious things in a small suitcase or shopping bag and carry them himself. He can be consulted, too, on how he would like to have his things arranged in his new room.

Making a baby or young child feel comfortable in a new home means principally helping him get used to the home itself. An infant sees new shapes and colors and hears new sounds. A baby learning to walk misses the paths and supports he knew in the former home. A toddler is disturbed by new arrangements for much of his daily routine, a new neighborhood for strolls and marketing, new adults and children to meet.

Adjusting to a New Community

For a child of school age or older, the new community is more important than the dwelling itself. The school child is already turning outward from the home. His

school, classmates, outdoor recreation, places to go, boys and girls to make friends with. have greater meaning than the physical arrangements in his new home. Some children plunge into a new setting with more confidence than others. Parents need to remember that even when the new school and neighborhood are in themselves satisfactory, boys and girls miss their old friends and associations. Some find it harder than others to become accustomed to the new ones, and to feel at home with them. They feel conspicuous as "the new boy" or "the new girl" and are shy and uncomfortable for a time. This usually is over as soon as they find one friend.

The parents, too, may miss relatives, friends, and associations they have left behind. There is no harm in admitting to the children that parting with the old life causes them some pangs. But it is also necessary to show the children that they look forward to the new life cheerfully and intend to make the most of the good points to be found in the change.

A new family in the community cannot make itself feel at home without some help from the community. In many areas, new plants and businesses bring new workers and their families. Communities that are cold to newcomers often find an increase in juvenile mischief and delinquency. This is particularly so in communities where many of the new families are more or less temporary, remaining for a season or a year or two. School-age and teen-age children particularly need to feel that they belong, are accepted, and have a place in the community. If they are treated like unwelcome outsiders they retaliate.

Even though children may be in the school for only a term or a year, their mother should join the P. T. A. New families, whether permanent or temporary, need to be encouraged to join in school, community, and church activities.

The parents themselves can make their own and their children's lives easier in a new place if they are courageous in making friends and joining neighborhood and community groups. In some ways this effort falls largely to the mother's share. The husband has his new associates at work, the older children have theirs at school, the baby and young children are still content within the home, but the mother is likely to be lonely if she does not seek friends in the neighborhood.

She will surely find, in almost any community in the United States, other newcomers like herself. Change is a condition of modern life, especially in America.

Moving is thus a familiar experience in the lives of many families, and many children as well as their parents acquire a quick adaptability. Parents, however, need to be aware that this readiness of children to adjust themselves to new surroundings may be superficial.

Underneath, all children need the security of belonging. The closeness of the family as a unit gives them some of this security. To children, home can be anywhere as long as the family is together. Yet as they grow, they need to put down roots where they are even if they are to be there only temporarily. Attending to this need in children helps to avoid many dangers to developing personalities. With wise management by parents and good community

spirit, the moving about of modern American families can be as wholesome in its own way for growing children as was the more rooted life of an earlier generation.

Vacations at Home and Away

Vacation time is looked forward to by children all year long. Yet often it proves to be a time of nothing much to do, with the result that children are either complaining of boredom or finding occupations of their own of which parents do not approve, and mothers are impatient with children underfoot or getting into mischief.

Some forethought and planning can eliminate many of the irritations, and give the children and their parents too the refreshment and the often memorable joys of a well-spent vacation.

Parents also have their own vacation to consider. They may have a choice whether to stay at home or go away, whether to take a trip or make a visit to relatives or rent a cottage for the family together, whether to arrange a separate vacation for themselves, leaving the children with a trusted person, whether to send a schoolage or teen-age boy or girl away to camp or to visit relatives or friends for some or all of the time.

In talking over these alternatives, parents do well to let the children help in the planning where it is practical to consider the children's choice. How much money there is to spend, what the parents themselves prefer to do, what trips or visiting arrangements are available, are matters for parents to decide. Whether a child is to have a vacation at camp may not depend only on



The whole family enjoys vacationing together.

A. Devaney, Inc

whether he wants to go. Perhaps sending the child to camp is the only way in which the parents can have the vacation they would like for themselves. It is never wise to offer a child a choice when the choice really is not his to make. If he really does have an alternative—for example, whether to spend the time with a friend or relative or have a friend visit him instead of going to camp—then parents can offer him the choice.

For a vacation away from home for the whole family, see *Traveling and Moving with Children*, p. 287, and also these suggestions:

- 1. A trip arranged in easy stages, with stopovers planned for places of interest or places to swim, picnic, stay overnight for a few days at a time. Camping out, a favorite with many families, needs planning ahead for sites and facilities.
- 2. A family camp where provisions are made for supervised group activities for

the children for some part of the day, giving parents leisure by themselves as well as time to spend with the children.

3. A vacation cottage. In choosing a cottage, be sure that swimming, if any, is safe, with an easy approach to the water, with good supervision if the children are to be allowed to go by themselves; that there are other children of near enough age to play with; that sanitation and health facilities are adequate.

For a vacation at home, planning of another sort is needed. It is not usually necessary to plan every day and all day for the children's activities. This would hardly be a vacation for either parents or children. It is a good idea to have some planned activity, however, around which the children can arrange their leisure so that the days do not stretch ahead empty. Family projects are often a richly satisfying part of vacation: A garden, a painting or repairing job, furniture-making, a building job that will make home more convenient or pleasanter for everyone; a hobby that parents and children can enjoy together such as an insect collection; a historical tour if the area has historical interest.

A vacation play group for school-age children is arranged by parents in many communities, with mothers or fathers, if they are available, taking turns for supervision. This may mean having the children in each family's house or yard in rotation, for one or two afternoons a week, or going on a trip to see something, also regularly each week. Having one or two regular events each week to look forward to helps the whole week to pass more pleasantly.

Having something specific to look for-

ward to for the day also helps the day to go better than when there is nothing in particular to do. On a warm morning, mother may tell the children that she will take them swimming that afternoon. On a rainy morning, having friends over may be the afternoon plan. On any day when he is free, father may offer a ball game, a ride out to visit a farm, or any activity that he would enjoy sharing with the family or with the children of suitable age.

However, to enjoy himself, a child need not be constantly on the go. Many children welcome vacations as a relief from the pressure of activities. They like to read or just think and commune with their souls. This can be recreation for them as well as rest.

Many families are restricted to their own neighborhoods and to the round of home, school, and job activities throughout the year. Vacation is the time when children, and their parents, too, can enjoy seeing how other people live and work. City and suburban children can benefit by an experience in the country, with woods and fields. flowers and trees growing according to nature instead of under man's control, farm animals, country people, hills and brooks and a closeness to weather. Country and suburban children can find interest in visiting a city where people live in apartments and many kinds of work go on, where there are museums and zoos, theatres and concert halls.

Summer Camps

Summer camps give city and suburban children a close experience of nature as well as healthful physical activities under supervision and the chance to learn many skills

in sports, handicrafts, dancing, music, art and drama. Living with children of their own age and with their counsellors under moderately rugged conditions, going on hikes and canoe trips—these are broadening experiences and often lead to continuing interests and friendships through the years.

Many kinds of camping experience are available for children of different ages, from day camps for young school children to work camps, art and music camps, sailing camps and ranch camps for older boys and girls. There are also family camps where very young children can have some group activities and still be with their parents.

Private camps vary widely in cost, size, and policy. Some have a highly organized program and some have a less competitive atmosphere and more free choice for the children.

Camps where children can stay for part of the summer at comparatively little expense are also run by agencies and organi-



J. Keating

These boys putting up a tent are thoroughly enjoying their stay at a summer camp.

zations such as the Scouts and Campfire Girls, the Y's, and local associations of business or industry. Some large manufacturing and business firms and trade unions also have family camps for their employees or members.

How to Enjoy Family Outings

The week-end is a good time for fathers and mothers and children to be together. They can enjoy each other's company and do many of the pleasant and wholesome things they never seem to have time for during the week.

Family week-ends can be fun no matter where you live. If the weather is warm and you decide to picnic on a beach, you can swim, play ball together, or just lie in the sun and talk. The children might like to begin making a collection of shells or pebbles. Or, if the water is calm, you might all like to do a little fishing. A supper of fish you have caught yourself tastes wonderful after a long day outdoors.



There are many pleasant ways of spending a day in the country without a beach too. The country is a good place for the children to begin collecting insects or flowers or leaves, and for all of you to learn to recognize different varieties of trees, flowers, and birds. (It would help to look them up beforehand in Volume 7 of this BOOK-SHELF).

There are many interesting things to look at in the woods and fields. The birds may be different in different parts of the United States, but you can get to know those that live in your home territory. It will be fun to spot a swallow or a nut-hatch or a thrush or a mocking-bird especially if you know ahead of time what each looks like and how its song or call sounds.

There are a great many different kinds of ferns in nearly all woods and in marshes, that make a charming collection. They can be dried the same way as leaves, and taped onto the pages of an album.

In the park you may find a pond or lake where the children can sail a boat. Sometimes there are row-boats for hire, and family rowing parties, with everyone taking a turn at the oars, can be good fun as well as good exercise.

Almost any park is a good place to spot birds and flowers. Sometimes there is a natural history museum in or near the park. Excursions into such museums can be very interesting for family outings. They often have collections of coins and arrowheads people used many centuries ago, or fossils of extinct animals we don't see anywhere in the world today.

Wherever you go, you will probably want to take a lunch basket of good things to eat and drink. And when the members of the family all share in the work as well as the play, it can really be a rewarding experience for all.

Cooking over an outdoor fire can make food taste wonderful to hungry appetites. But there are things to look out for when you are building a fire outdoors.



he whole family njoys a picnic.

Hughes/Sichterman

Things to Remember When You Make an Outdoor Fire

- 1. Find out first whether fires are allowed t the place where you want to cook.
- 2. Don't build up a bigger fire than you eed. It will take too long to burn out.
- 3. Burn all your trash, such as wrappings, used paper napkins, used paper cups and plates, etc. and be absolutely sure the fire sout and the ashes are cold before you eave for home.

How to Recognize Poisonous Plants

An outing can be spoiled if some member f the family fails to recognize a poisonous

plant and comes down with an itching rash as a result of touching it. It is a good idea, therefore, to know what the poisonous plants are and how they look.

All three of these poisonous plants—poison sumac, poison ivy, and poison oak—belong to the same plant family, though they are different in many ways and grow in different parts of the United States.

POISON SUMAC

There are some harmless sumacs, but the poisonous kind usually grows as a shrub, and throws out a great number of stems near the ground, though it sometimes reaches a height of more than 20 feet. It is found in the eastern half of the

United States, in wet and marshy ground.

The branches of the poison sumac are smooth, its leaflets have no notches, and its fruit grows like a cluster of small white grapes, drooping on the stem.

If you find a sumac in wet, swampy ground, you can be practically sure it is poisonous. The harmless kinds prefer high dry ground where is soil is poor and stony.

POISON IVY

This plant thrives in woods and hedges in the northern and eastern parts of the United States. It usually climbs up trees and over cliffs and fences and walls, sending out black hairy rootlets as it goes.

Poison ivy also grows in the form of a shrub 2 to 3 feet high, and this kind spreads by means of thick underground roots.

It has three leaves to a leafstalk. The

leaves are smooth and have no notches in their edges. They turn a bright red or yellow in the fall. The fruit is rather like the fruit of poison sumac, hanging in long thin branches of small gray-green or white grapes.

A poison ivy plant with notched leaves has been found in Florida and Texas.

POISON OAK

This is a shrub you come across mostly on the Pacific Coast and among the foothills of the Sierra Nevada Mountains in California. It will climb if it finds some object to attach itself to, but is not a climber in the sense that poison ivy is.

The stem of the poison oak is thick. It has three leaves to a leafstalk, like the poison ivy. Its leaves are egg-shaped, smaller and thicker than poison ivy leaves, and notched.

How to Protect Yourself from Poisonous Plants

- - POISON-IVY

- 1. Learn to recognize them when you see them, and keep away from them.
- 2. When you go to the country take a piece of soap with you. Then, if you happen to touch any of these poisonous plants, wash your hands and arms thoroughly as soon as you can, using plenty of soap. The sooner you do this, the less chance there will be of your being poisoned.
- 3. In case you have been poisoned without knowing it and your skin has already begun to blister, your druggist will suggest a remedy. Or, if the blisters are very bad, consult a doctor.



POISON SUMAC

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The Most Important Influences in a Child's Life

Nothing can do so much to keep a family nappily united as having fun together. When we are grown, we all remember the oignant moments of our childhood, and ve especially cherish the happy memories.

If we make our children's happiest times those that the entire family spent together having fun, we will be doing the best thing we can to give them a feeling of family solidarity and family loyalty and love.



Sun, air, and exercise make healthy appetites

L. Beadnell from Philip Gendreau



This little girl tries to blow out all the candles on her birthday cake.

Black Star

Chapter Ten

Children's Parties



Children of all ages love parties—birthday parties, of course, as well as parties for special holidays. These can be as simple or as elaborate as you like. But often children have the most fun at a party that is just thrown together on impulse for no special occasion at all.

Because school children usually enjoy more elaborate parties than the younger ones do, we have divided these ideas into Parties for Children Under Seven and Parties for Children Over Seven.

Party Ideas for Children Under Seven

Parties for children under seven should be kept as simple as possible and should not last too long. Parents usually prefer that the party be a lunch-party or a supper-party so as to avoid the hazard of too many between-meal sweets. In this connection it is wise to remember the story of the four-year-old who was asked by her mother, on her return from a party, "And what did Mommy's little girl do at the party?" And the child replied, "I frowed up."

Parties for children under four or five are really given more to satisfy a sense of sentimentality in parents and in older sisters and brothers than to please the children themselves. But by five or six a child usually loves a party, especially a birthday party, and they are particularly thrilled by being allowed to participate in the preparations.

Here are a few simple party ideas for children under seven. The children themselves will enjoy preparing for or at least helping you prepare for most of them.

Birthday Party

INVITATIONS

Let's say you will be inviting six children to your child's birthday party. The child may want to make the invitation cards himself. One idea for the invitations would be a card in the shape of a big slice of birthday cake. Another might have the appropriate number of candles drawn or painted on it.

(Directions for making the articles, playing the games, and acting on the suggestions marked with an asterisk (*) in this section will be found in Volume 5 of THE BOOKSHELF, Things to Make and Things to Do.)



A Happy Birthday party for a six-year-old should not be elaborate.

M. Forsyth/Monkmeyer

TABLE DECORATIONS

It is easy to make the table look pretty. When flowers are plentiful you might make a centerpiece with a bowl of birthdaymonth flowers if you can get them.

The birthday cake, of course, will have as many candles as the child is years old, with perhaps one extra "to grow on." The cake, which should be a simple one like sponge cake or applesauce cake, is put in front of the birthday child's place at the table, and he or she will blow out the candles and make a wish.

Besides the birthday cake you might have ice-cream. A novel way to serve it is in the form of little ice-cream carts, one for each guest. For the carts you will need brick ice-cream, round chocolate-coated mints, animal crackers, and toothpicks. Place four chocolate mints at the four corners of the ice-cream brick, and pin them in place with toothpicks. These are the cartwheels. Press the back of two animal crackers into the front of the ice-cream for horses. Another animal cracker might sit on top of the ice-cream, in the driver's seat.

Honeyed popcorn balls or candy wrapped in silver or colored paper are fun for young children. And you might provide milk to drink, or chocolate milk or cocoa, or lemonade or ginger ale, depending on the season.

FAVORS

Little favors can be bought at the dime store—a soap-bubble pipe, a whistle, a box of crayons or chalk or anything you think the children would like.

And here is an idea to make the table look prettier and to add to the fun of the party: Put a big bowl in the center of the table. A plain kitchen bowl wrapped in colored crepe paper will do. Wrap the favors all in different colored papers and label each with a guest's name. Tie them with ribbons and make a bow. Leave one end of the bow quite long so that long streamers of ribbon will reach from the bowl to the plates. Then each guest can pull his or her own favor out of the bowl.

GAMES

For an indoor party the children can play:

Follow the Leader*

There was an Old Woman*

Did You Ever See a Lassie?*

On the Farm*

If they are going outdoors, they can play:

Tag*

Around the Mulberry Bush*
Tommy Tiddler's Ground*

CHRISTMAS PARTY



TABLE DECORATIONS

You might have a small Christmas tree for a table centerpiece. If not, a decorated bowl set in a wreath of holly or Christmas greens will look pretty. And you can fill the bowl with fruit or use it to hold the gifts for the guests.

Make the good things to eat part of the table decoration. Two marshmallows joined together with toothpicks make cute little snowmen. The eyes can be raisins and the mouth a bit of candied cherry. If you are serving jello in cups, stick a paper Santa Claus on each one with a toothpick. Tie a piece of red or green ribbon around a toothpick or a twig of evergreen and stick it into each piece of Christmas cake.









FAVORS

These can be Christmassy paper hats, snappers, or little gift-wrapped Christmas candies.

GAMES

Tell the children you have a surprise for them. First they must all go into another room and sit down in a circle. Then each child must take off one shoe. Collect the shoes and take them back into the party room. Tell the children that Santa's helper is coming soon, and, to pass the time until he arrives, read them a story while the presents are being put in the shoes. The story can be The Lights on the Christmas Tree, Under the Little Fir, or A Visit from Saint Nicholas. (All of these can be found among the Christmas stories in Volume I, Nursery Favorites Old and New.) Or you can sing Christmas songs that the children all know.

Then go into the party room and ring a bell for all the children to come in and see the Christmas gifts Santa's helper has left in their shoes.

CIRCUS PARTY



INVITATIONS

Or the invitation might have on it a picture of an elephant carrying the announcement on his back.

DECORATIONS

A menagerie made of pictures makes a fine decoration for a Circus Party. Let your child collect pictures of all the animals he can find in cut-out books and magazines. Pin or tape them on the wall. The guests will have fun seeing who knows the names of most animals.

Or, if you start your preparations in time, you might make a circus mobile.*

REFRESHMENTS

Real circus food would be fun—maybe hot dogs on rolls, popcorn, and ice-cream cones—served buffet or cafeteria style.

Or the child giving the party might parade up and down the room with a trayful of food, calling out "Hot Dogs! Popcorn!

Lemonade!" the way they do at the real circus. The guests can make believe they are buying their food from the vendor.

GAMES

Here are some suggestions:

Simon Says*

King Lion*

Any of the Musical Chair Games*

Give each child a colored balloon to take home at the end of the party.

EASTER PARTY



For Easter Party invitations, a child might draw or trace a rabbit or a chick, color it yellow, and paste it on a folded sheet of green paper, with the invitation written or printed inside. Or you can cut a little slit behind the rabbit's ear and slip a folded note of invitation into it.

TABLE DECORATIONS

Stand a big shallow bowl or basket in the center of the table. Cover the outside with pink crepe paper and fill it with green artificial straw for a nest. Fill the nest with candy eggs or with Easter eggs.*

Scatter flowers around the outside of the bowl. If you have no fresh flowers, you can get paper ones at the dime store. Or perhaps you or your child would like to make some paper flowers.*

Candy Easter eggs and chocolate bunnies wrapped in sparkling gold and silver paper

and arranged in a ring around the bowl make attractive decorations. They will look pretty among the flowers. And when the party is over each guest can take one home.

GAMES

The following games and many others would be fun at an Easter Party:

Easter Egg Roll*
Bunny Egg Race*

Party Ideas for Children Over Seven

There are probably hundreds of original party ideas for older children. Many of the "gang" will want to "dig" their own. But in case you are asked for help by the not-much-over-sevens, here are a few ideas you might come up with.

CHRISTMAS PARTY

THE TABLE

Big red Santa Claus place-mats will look nice on a white tablecloth. (A paper tablecloth is more sensible than a cloth one for a children's party). The Santas can be bought at the dime store or made of red construction paper with a scrap of cotton pasted on the face for beard and whiskers.

You might have a small Christmas tree as a centerpiece, sprinkling the branches with white artificial snow and decorating the branches with silver bells. (These can be made out of paper cups.*) The favors can be put under or around the tree, the boys' wrapped in red, the girls' in green.

If you prefer a Christmas cake as a centerpiece, raise it above the level of the table by putting a round baking-tin under it.

Cover the baking-tin with green crepe paper. Surround the cake with tall red candles standing in glass holders and tie green ribbon around them.

PLACE CARDS

These can be made as score cards for games the children will be playing. They can be made of red or green construction paper folded in half. On the outside, white ink or chalk can be used to write "Merry Christmas to . . ." (the name of the guest the card is for). The inside can be ruled to make spaces where the names of the games and the scores can be written.

FAVORS

Gifts your child's friends might like include such things as a set of checkers or some other board game, a hankerchief, a ring or bracelet, marbles, or a top or whistle or any of the many gifts* the child can make.

GAMES

Walk-the-Line Relay*
Egg and Spoon Race*
Cranberry Stringing*
How Many?*
Throwing Snowballs*

BIRTHDAY PARTY

A birthday party for a school child is almost a must since "all the other kids" are likely to have them. It is a good idea too from a psychological point of view. A birthday is a very special day to the child whose birthday it is. It is the child's own day, not

everybody's holiday. For that reason it gives parents and friends a good opportunity to show the child how important he or she is to them. This can hardly fail to make the child feel valued and therefore happy.

Children treasure memories of their birthday parties. Years later they still speak enthusiastically of their seventh or eighth birthday parties — and that surely makes any effort expended more than worth it. Unfortunately, too many mothers forget that birthday parties are for the children. They use them to further their own social ambitions.

One popular mother in town gives an elaborate birthday party because she enjoys making decorations and has as much fun as the children. Another mother feels elaborate parties must be "in" and so she copies. Before long the whole community is caught up in one upmanship. Mothers spend more than they should and the children don't appear to have more fun — or as much.

To protect everyone's budget, we suggest that parents keep gifts as inexpensive as possible. The birthday child is not robbed of the pleasure of opening gifts but enjoys them just as much as if they had broken the bank.

Do plan ahead. Youngsters with birthday party fever want to enjoy every second of magical party hours. There's no panic quite like that a mother experiences when she finds herself faced with a roomful of expectant faces eager for some new kind of fun, and she has run out of ideas.

It's wise, too, to call in help, a neighbor or a baby-sitter. Balloons, ice cream, cake, and "surprises" can bring out the devil in little angels. It's comforting to know you have someone to help you scrape the ice cream out of the rug or rake the frosting and paper napkins out of the grass, after the ball.

Do be sure to write down exact starting and finishing times on your invitation. Some parents might otherwise take advantage of your invitation and let their children linger and linger. And do address your invitation to a specific child in a family.

Children whose birthday parties fall before or after major holidays such as Christmas are often overlooked when their special day arrives. Parents can't really afford parties then or they feel it would be presumptious to ask friends to give birthday gifts. One solution is to have a small private celebration on the actual day and a party on some holiday when colorful decorations are in order: the Fourth of July, St. Patrick's Day, Lincoln's or George Washington's birthdays.

By the time children are ten or so they often find it more fun to celebrate their birthdays with one or two special friends. And what mother would complain? Youngsters may invite their friends to a special picnic, barbecue, show, exhibition, sail boat, or, possibly even a helicopter ride.

Here, then, are a few suggestions for making a birthday party attractive for a child old enough to appreciate a prettily decorated table, good party refreshments, and games that are fun.

TABLE DECORATIONS

Use brightly colored crepe paper for a tablecloth. One layer will do, but if you fasten two or even three layers together with scotch tape you will have a good sturdy "cloth." The birthday cake can be the centerpiece, with a candle for each year of the child's life and "one to grow on" if you like.

If the birthday is in summer, you can have flowers on the cake instead of candles. Daisies, bachelor's buttons, rosebuds, or pansies would be pretty. Bind the short stem of the flowers to a toothpick with thin wire and stick it into the icing. If the weather is hot, you can keep the flowers from fading by sticking lapel flower-holders half-filled with water into the cake and butting the flowers into the holders. Or the birthday cake might be in the form of a ring—a sponge ring or an angel cake permaps—and then the hole in the center might be used for a bunch of flowers in a low glass filled with water.

Put a basket of candies beside each place. Snappers are fun too, and most children enjoy wearing party hats.

EFRESHMENTS

Besides the cake, serve ice-cream or pernaps ice-cream sundaes with a fruit sauce. And to drink—chocolate-milk or ginger ale, lemonade or soda are nice in warm weather—cocoa or hot chocolate if it is cold butside. A marshmallow floating in the cup makes the drink seem more festive.

SAMES

For an indoor party the children might play:

Birthday Party Scat*
Hot Potato*
Pinning the Tail on the Donkey*
For an outdoor party:

Tag*
Running Maze*
Bear-Pit*

ASTRONAUT PARTY

If your child seems to be constantly in outer space, how about using it as a theme

for a party? Any youngster knows more about this topic than the average parent, so let your children give you ideas — providing they are not too explosive.

But just so they don't think you are completely out of it, how about launching a Blast-Off party with invitations tucked into rockets? Save the tubes from your paper towels, cover them with red, white, and blue crepe paper, then glue a pointed paper cup to one end for a nose cone. Color the cone silver if you like. If the moon is your goal, write the invitations on silvery paper circles. For youngsters who live nearby, simply tie invitations to silvery balloons and attach them to the guests' front door knockers.

A sample invitation might read: Count down the days until (date) for our Big Splashdown. Take a rocket, take a bike, or just walk to our recovery area (address). Anticipated time: 3 to 5 p.m. Fun, food, prizes, games that are out of this world.

For table decorations, let your imagination take off. Simplest centerpiece would be a giant rocket made of construction paper — red, white, and blue or silver — which can also double as a Jack Horner pie. Place this on a sky blue paper tablecloth. Set the table with "flying saucers" — matching red, white, and blue paper plates.

Or let the youngsters try their hands at constructing a silvery moon centerpiece of aluminum foil, crepe paper, or papier maché—whole, half, or quarter moon. Select a midnight blue paper tablecloth and set it with silvery paper plates. Place-card holders might be moon monsters made of marshmallows, gum drops, etc.

Astronauts eat their food from silvery tubes. This solves the problem of what to eat. Serve inexpensive frozen chicken or beef pies or frozen frankfurter or noodle dinners in their silvery aluminum plates.

Or you could serve Red Rockets and Saturnburgers — frankfurters with the works and hamburgers with crisp onion rings, the kind that come crispy and tasty in plastic bags. Then you could have Moon Crater Sundaes, vanilla ice cream with the top flattened and a tablespoon of cream removed and replaced with fudge sauce.

For games, how about giving a prize for the youngster who draws the best space monster? Or if the children are old enough, you could have a Finish-the-Story contest. Give each child the same opening sentence. "Suddenly, our space ship landed on Mars. We had no sooner stepped out when . . ." Or do a switch on Pin the Tail on the Donkey. Draw concentric circles and let the guests pin paper planets on the correct orbits.

HALLOWEEN PARTY



TABLE DECORATIONS

As a centerpiece, a big pumpkin Jack O'Lantern with a candle burning inside throws an eerie light just right for Halloween, especially if you put black or orange candles on the table and have only candle-light in the room. It will be even more effective if you use black crepe paper for a table-cloth. Three layers fastened together with scotch tape make a good strong "cloth," but one will do. Put four very small candles

inside scooped-out oranges, around the big Jack O'Lantern and have a dim light come from the eyes, nose, and mouth which you can cut out with a paring knife.

Make a Horn of Plenty out of wire or thin copper tubing and orange-colored paper. Fill it to overflowing with apples, nuts, orange gumdrops, and black jelly beans, so that these good things spill over on to the table.

For place-cards you might make witches' hats of black construction paper. A small circle makes the brim. A semi-circle rolled into a cone makes the crown. The names of the guests can be printed in white paint or chalk on the black brims.

FAVORS

Wrap various small toys or dime store novelties in orange-colored crepe paper and hide these under the witches' hats for the children to find when they pick up the hats to put them on their heads.

GAMES

Before the children go into the room where you are having the refreshments, tell them they have to pass the doughnut line. This means they must take a bite out of one of the doughnuts which you have strung up on a line across the refreshment-room door. And they must do it without touching the doughnuts with their hands! Bobbing for apples is always fun too.

REFRESHMENTS

Besides doughnuts, apples, and other fruits, refreshments might be sandwiches of various kinds or, if the children are old enough (and have sufficiently sturdy digestions) baked beans and hot dogs. Or pernaps barbecued hamburgers or chicken parts. The traditional drink for Halloween s cider, but ginger ale and other soft drinks are good too.

After refreshments the children might enjoy playing:

Pumpkin Bean Bag*

Blind Man's Buff (using a white paper bag over the face)

Ghosts*

Jack O'Lantern Relay*

COWBOY AND INDIAN PARTY

This is a party for outdoors.

NVITATIONS

If you can collect some pieces of birchbark that have fallen off a tree in the woods or on your own lawn, the invitations might be written on them. Or the outline of a leaf might be traced on brown paper and the nvitation written on that in green crayon. The invitations can say, "Cowboy and Indian Party on (date). Dress up as a cowboy (or cowgirl) or an Indian and meet in our yard at (time)." Add the name and address of whoever is riving the party.

EFRESHMENTS

Toast wienies and marshmallows over a fire built between stones. Keep the fire burning with sticks. Use tin plates for the food, and drink your ginger ale out of tin cups as owboys might do.

AMES

The best game for this party, of course, would be Cowboys and Indians.* Other ppropriate games are:

Indian Race*

Follow the Leader*

Paper Chase*

Hot Potato*

PIRATE PARTY

INVITATIONS

A map, that you or your child could draw, of the roads leading to your house would make an interesting invitation for a Pirate Party.

This should be an outdoor party if possible, so that the treasure can be buried in the ground or under a mound of leaves. But if you cannot have the party outside, you might hide the treasure-chest in a closet or behind a trunk. The chest itself can be made out of a shoe-box covered with black crepe paper. Paste gold paper strips around it for the brass binding and use brassheaded paper fasteners for locks. Fill the chest with silver-and-gold-wrapped chocolate coins, colored beads, and coupons for paper money.

PIRATE COSTUMES

Tie a red handkerchief around your child's head and knot it behind. To make the front of the hat, cut it out of black construction paper. Use white paint or crayon for the skull-and-crossbones. Two pieces of string passed through the holes and tied at the back of the head will hold it in place.

Besides the hat you will need a dagger, a black patch for one eye, and a pair of dangling earrings cut out of colored paper. Tie a bright-colored crepe paper sash around the waist, and he will look like a first-class pirate! The party will be more fun if all the guests come dressed as pirates too.

THE TABLE

A red crepe paper tablecloth would look attractive. And black paper place-mats on the red "cloth" would be just the right thing for a pirate party. The centerpiece can be a cake with white icing, a skull-andcrossbones outlined on it in black currants or chocolate bits.

REFRESHMENTS

These should be hamburgers or big piratesize sandwiches served on tin or paper plates and cokes or ginger ale drunk out of the bottles.

GAMES

A good deal of time will be taken up hunting for the treasure. One boy holds the clues. He gives these out one at a time. The first might be "Go to the dead tree in the northeast corner of the Island," the second "Walk south till you come to the foot of the first little hill," and so on. After about ten different clues have been followed, the pirates are at last directed straight to the treasure.

Other games may include:

For Indoors:

Hiss and Clap*
Hot Boiled Beans and Bacon*
Hunt the Ring*

For Outdoors:

Tag

Races*

Towards the end of the afternoon the treasure-chest is opened and everyone is given a share of the treasure.

VALENTINE PARTY



INVITATIONS

Send invitations in pairs for a Valentine Party. One way to do this is to put heartshaped invitation cards together, two by two, and cut, say, a clover-leaf shaped piece out of the edge of one pair, a triangle-shaped piece out of another pair, and so on. Send matching invitations, one part to a boy and one to a girl who are to be partners. Another way is to paste or paint red hearts on the cards. Paste one heart on the first pair, two hearts on the second pair, three on the third pair, and so on. See that partners get cards that match. When the guests arrive, they will find it exciting to go searching around for their partners by comparing cards.

Red paint or crayon can be used for printing invitations, such as: "Come to a Valentine Party at.....(time) on February 14. This card will help you find your partner."

TABLE DECORATIONS

A white paper tablecloth is pretty for a Valentine Party. For a centerpiece you might make a Queen-of-Hearts doll. Take a medium-sized doll, dress her in a big ballooning pink crepe paper skirt, and stand her on a round mirror in the center of the table. (Put her in a bowl stuffed with tissue paper under her skirt if she won't stand up otherwise.) Paste red hearts on her pink skirt. Strawberry tarts—one for each guest—will look pretty arranged around the edge of the mirror.

REFRESHMENTS

You might serve cream cheese sandwiches with tomato juice first, then the strawberry tarts with or without ice-cream. The ice-cream might be heart-shaped, and heart-shaped cookies are nice if you don't want to bother with strawberry tarts. Pink lemonade makes a pretty drink at a party like this.

ORS

The children will like paper caps to put at a party of this kind. You can buy these he dime store.

MES

The following games are fun at a Valene party:

Musical Chair Games*
Mending Hearts*
Catch the Handkerchief*
Valentine Post Office*
Spin the Platter*

Parties For Older Children

By the time children reach the age of

wanting to meet the opposite sex socially, they will know what kind of parties they want and they will probably do the planning and much of the work themselves. Very likely all they will ask of you is that you provide the kind of refreshments they like in sufficiently ample quantities. They will also probably prefer that they be allowed to run their own parties.

Parents who cooperate with their boys and girls by allowing them a reasonable amount of freedom for home parties will find that the parties will continue to be given at home rather than who knows where outside the home.



J. Keating

I-planned home parties afford teen-age boys and girls ood opportunity to get acquainted and to learn social e as well.



This child, recently bereaved of a parent, often feels bewildered and lonely, but her remaining parent does everything possible to keep her busy at activities that interest her.

M. Forsyth/Monkmeyer

Chapter Eleven

Special Situations

- The Working Mother
- Adoption
- Divorce
- Death

- The One-Parent Home
- Stepmothers and Stepfathers
- If a Parent Is Mentally Ill or Alcoholic

The Working Mother

When both parents work outside the ome, whether out of necessity or by choice, eir greatest concerns may be how to keep e children well cared for, and the houseld going. The hardest years to manage e those before the children enter school. hese are very important years in the care the child. When they have a choice, many omen elect to stay home for the first two ars of their child's life, or, sometimes, atil their children start school.

Through the elementary-school years, rents usually have to make arrangements their children's care during after-school ours, during school vacations, and on the any occasions, especially during the early nool years, when children have to stay me from school because of a cold or some ner illness.

A woman who plans to go to work while estill has young children at home must realistic about the cost of working. She by find that the income she will earn is rely enough to cover her own expenses

for her clothes, fare, lunches and taxes, not to mention paying someone to take care of the children.

Many women try to find work they can do at home during these years. Secretarial work or child-care for the children of other working mothers are two possibilities. Some women find a service they can perform near their home during the hours when their children are at a nursery or play school. There may be jobs available at a nearby school or day nursery which the children can attend while the mother works there.

Day nurseries and day-care centers for very young children whose mothers are working are now available in many large communities. A day-care center may be attached to a social agency, a neighborhood house, a church or temple or a local Y. A grandparent or other older relative may take over the care of the young children. Whatever the arrangement may be, a parent must first make certain that the young child will be lovingly and wisely cared for and that his health needs, play needs, rest and meals will be properly attended to. It is best to take the time for a thorough considera-

tion of the possible arrangements. And of course it is important to visit the day nursery or day-care center beforehand.

When the children reach school age, after-school play groups or sometimes supervised afternoon play at school may be available. A neighbor, perhaps the mother of a school friend, may be able to take the child into her home until one of his parents comes home; or a responsible teen-ager may be paid to bring the child home and stay with him until a parent returns from work. It is not advisable to leave a school-age child without adult supervision nearby, either at home or to play on the street after school.

Young children tend to resent having their mother go out, even when it is only occasionally. If the arrangements for the child are carefully thought out and the parental substitute is affectionate and friendly, the working mother should not feel guilty if her little boy or girl protests at her going. Her own attitude will have much to do with the way the child takes the situation. If she herself seems worried or harried, the child will too. But if she is confident and cheerful, and if she makes a point of giving the child plenty of attention when they are home together, the child will usually accept the separation from his mother during the day.

Actually, working mothers may give their children more of their undivided attention in the course of the week than mothers who stay at home. Full-time mothers usually do not realize how much of the time that they spend with their young children is really time spent on the telephone, at various necessary and demanding tasks, or talking with friends, and not really

with the child at all. Mothers who have only the weekend and an hour or two on weekdays are more likely to be conscious of the value of each hour and to make better use of it for companionship with their children.

The whole family's cooperation is needed in running the household when both parents work. The father's help is essential, with the children and with the household tasks. A paid helper to do thorough cleaning and other heavy housework is desirable but may be too expensive. When domestic help is not possible, cleaning, laundry, marketing, and cooking need to be carefully planned in order to keep the home going smoothly.

The children can share the work as they are able. Even young children learn to help, and the feeling of making a needed and valued contribution is wholesome for children at any age. Parents do need to be careful that too much responsibility is not placed upon the children, however. Each child needs some free time to spend as he likes, with friends or in activities of his own choice.

Some women who feel a strong desire to work outside the home hesitate to do so because they fear other people may disapprove. But when good arrangements can be made for the children's care, and when a husband is understanding about his wife's right to continue a career or take an outside job, there is no cause to feel guilty. Some women are better mothers when they have the stimulation of work, than they would be if they stayed at home, feeling confined, discontented, and deprived. When their need for outside interests is being met, they can give attention and devotion without resent-

nent to their children in the hours that hey do spend together.

When mothers do not have jobs outside he home, it is important for them to keep heir own interests alive during the chillren's early years, to prepare for the coming ears when motherhood will no longer be a ull-time job. Even while they have young hildren at home they can find ways to keep up their skills and training. Some can nanage to take evening courses, to do serious reading, and possibly to practice, depending on the nature of the work. As he children begin school, they might begin colunteer or paid part-time work. The fact hat a woman is an individual, with work nd important interests of her own, earns ner added admiration and respect and it is generally a good thing for the whole amily.

Adoption

TOT ALL families follow traditional patterns. Some face the additional chalenges of adoption, separation, divorce and arly death of a parent.

How Difficult is it to Adopt a Child?

There have been enormous changes over he past few years that have affected nearly ll aspects of adoption.

Adoption used to be a long, slow, painful procedure. The prospective parents would arst apply to an adoption agency. They would have to submit lengthy, detailed applications, including medical histories and nancial statements. They would have to indergo long examinations and then wait,

often for years, for an appropriate baby to become available, and then hope finally to be able to adopt it.

The adoption agencies insisted on making perfect matches between would-be adoptive parents and available babies. So many factors had to be considered—race, religion, personality, physical appearance—that many babies were left to grow up in institutions while many potentially fine parents were rejected.

Today the situation is very different, and in some ways better. The "perfect" adoptable baby—the white, blond, blue-eyed healthy infant—has almost disappeared from the adoption market. There has been a marked decrease in the number of babies available for adoption. The reasons for this change are the decrease in our birth rate because of more liberal abortion laws and more readily available birth-control information, and the growing number of unwed mothers who are keeping their babies.

But there are still many babies who need homes. Children who were once considered non-adoptable are being put up for adoption: older children, children with learning problems, or emotional or physical problems, sibling groups, children of different races or mixed racial heritage. And all are capable of bringing joy to the right parents.

Today, adoption agencies have relaxed their requirements. Now they look for parents who are emotionally healthy and who are not too rigid in expectations about the way children will turn out, or the problems they may present.

Agencies have largely discarded requirements of race, religion, residence, age and duration of marriage. Single parents, working wives and women capable of having



Today, adoptive parents get help in fulfilling their roles as parents.

their own children are also given serious consideration as applicants. Proof of infertility has been abolished as a requirement. Couples with children of their own are particularly sought for placement of older, handicapped or minority race children. Today, parents' ability to accept a child as he is, to love him and give him a good home are considered to be of prime importance.

Previously, agencies rarely put a child into a home until he was three months old. Now they place babies as early as three or four weeks, even directly from the hospital. Agency fees are on a sliding scale, and, in some cases, are completely waived.

Working wives may be given children if they have a good child-care plan. Youngsters are awarded to single women, or men, too, and allowances are made for older parents. "Some people in their 50's are younger than others in their 20's," one agency spokeswoman notes.

Differences in religious background are not considered a problem provided that it is not a source of contention in the applicants' home. Prospective parents may also be of modest means. A regular work history is considered more important than income size.

Adoption agencies are also providing more comprehensive follow-up services for

ildren they place. Instead of concenting just on whether or not a child is ing well cared for, greater emphasis is acced on giving the adoptive parents help fulfilling their roles and in aiding the ild in solving his special problems: conrn about having two sets of parents and sown worth and identity.

The adoption agency helps the child and e adoptive parents through their period adjustment to each other. It may contue to offer help until the adoption is al. All children fear rejection and postle desertion by parents. The adopted ild has already been deserted once. Adopte parents may over-idealize other families. They may resent the biological parents, be influenced or frightened by the ignort prejudices of relatives and neighbors.

To help men and women in the United ates and Canada learn of the availability older, handicapped and minority race ildren throughout both countries, the aild Welfare League of America mainns a clearing house. It is the Adoption esource Exchange of North America, 67 ving Place, New York, N. Y. 10003. In aine, perhaps, there may be no parents oking for a little girl with a reading handitot love and nurture, but she may be the child two retired teachers in New reey may be yearning to have. The Example makes this type of matching possible.

Know Yourself Before You Adopt a Child

Husbands and wives should do considerle soul searching before seeking a child. though attitudes toward adoption are ach more healthy than they were in the past, adopting a child is not exactly the same as having a child of one's own. Adoptive parents who face the fact that there is a difference are usually happier and better adjusted than those who insist that their feelings and experiences are exactly like those of natural parents.

They can't be. Many would-be adoptive parents believe that they are failures as men and women because they have been unable to have children of their own. They feel frustrated, disappointed, and, in some cases, guilty or angry. Perhaps they feel that their marriage is threatened or that they have lost face in society. And in their attempts to overcome sterility, they may also have experienced a deep loss of privacy during impersonal medical procedures.

These men and women must understand that womanliness is compounded more of loving and caring, and manliness, of courage and protectiveness, than the biological process of producing children.

Prospective adoptive parents should seek help in working out these problems before they try to adopt a child. Today, more and more adoption agencies are helping adoptive parents to continue to work out these problems after a child has been placed in their home.

How and When to Tell a Child He Has Been Adopted

A child must be told that he is adopted. To have him learn from someone else—and somehow, sometime the truth always comes out—would be unconscionably cruel and destructive.

But agencies no longer believe a child must be told almost the second he is pinned into his first diaper. Nor do they believe parents should make dramatic declarations or remind the child he is adopted at every turn.

Today, the approach is more casual. The child is told a bit at a time as occasions arise until by age three or four he accepts the fact that he is adopted as a perfectly normal occurrence. Told too early or too unwisely a child may fantasize: "If they picked me out they can just as easily exchange me for another baby."

When the word adoption is associated with happy feelings it is easier to go on to a fuller explanation. One way to introduce the word is to read stories about adopted children. Children are sturdier than we sometimes think and can face reality when it is shared with loving parents.

"Now that I'm here, am I welcome?" is even a stronger consideration for children than "How did I get here?" Actually, how a child feels about his adoption is a reflection of how his adoptive parents feel about it. If they welcome it with joy, so will he.

Just what parents say in telling a child he is adopted is not as important as the loving way in which they show a child how deeply they feel he is theirs. They chose him because they loved him best of all the children they saw and he is their own child now and forever.

Later the child may want to know why his own parents didn't keep him or why his adoptive parents couldn't have babies of their own. Parents should answer these questions openly and honestly at the child's level of understanding. If parents are nervous or evasive, it's only natural for the child to assume there is something wrong about being adopted.

Never let him feel that he has been rejected. Explain to him that his natural parents put him up for adoption because they wanted to do what was best for him: give him the loving home they could not provide. If the child is surrounded by love and approval now, he will assume that whatever happened must have been all right.

In planting seeds or watching a bird's nest with a child, parents have two good ways to explain infertility. Not all the seeds blossom, not all the eggs hatch.

At the time of adoption, parents are usually told something about the child's natural parents. This information, when available, can be gradually given to the child as he asks for it.

Illegitimacy is no longer noted on birth certificates. Adopted children are usually issued new birth certificates with the names of their new parents. Thus, for school and other purposes, he has a record that assures him of really belonging to a family. A private record of his origin is kept by the agency.

Adopted children, as they grow toward adulthood, are likely to be curious about their natural parents. But this does not change their devotion to their adoptive parents. Children tend to love and accept parents who have given them the best thing any parents can give any child: the security of their love.

The Importance of Using an Agency

Parents who are impatient for a baby, or who feel that they might not meet the requirements of an agency, are sometimes tempted to take a short cut and get a baby vately. The sad and even tragic conseences of this practice in some families ve been told in newspaper and magazine ries. Agencies take all possible precauns to protect the adopting parents, the ild, and the child's own parents. The ild's natural parents are given time and vice in making their decision to relinish their rights. The agencies make cern that the child has been legally given for adoption, and that all the law's reirements for adoption are met. They ow as much as possible about the child's rentage and inheritance. At the same ne they guard strictly the identity of both s of parents, so that the child and his w family will not be disturbed by a later ange of heart in the original parents.

Qualified adoption agencies are listed th the Department of Public Welfare of ur state and with your local council of tial agencies. There are denominational d also non-sectarian adoption agencies.

Divorced or Separated Parents

Separation and divorce present a differt situation entirely. Here it is within the wer of both parents to save themselves d their children from tragic consequences. en if bitterness has gone before, the new e need not be spoiled by the mistakes of e past. The mother, who usually keeps e children, can hurt herself and her chilen immeasurably by continued bitterness d resentment, or she can restore the muth and good feeling that children ed and that will be to her benefit as well. In working out the new arrangements, the parents can gain much from talks with amily service counselor. A family counselor is a trained and experienced adviser in such matters, who will understand the feelings on both sides and help parents to come to decisions that are best for everyone. The minister, the local social agency, and in some communities the family or domestic relations court can guide parents to a counselor. The court usually accepts the arrangements on which the parents have agreed, especially if they have had the help of professional counseling.

Divorce: Yes or No?

Should parents try to stick out an unhappy marriage for the good of the children or is a bad marriage better dissolved, when religious beliefs permit?

Sometimes a marriage which appears to have gone on the rocks can be saved. Many marriages appear to be failing because one or both partners still haven't had time to mature. Bickering, anger and jealousy can mean that husband and wife basically care for and need each other. They owe it to themselves and their children to seek outside help and really work at salvaging their marriage.



Sometimes, unfortunately, two people are hopelessly incompatible. Naturally, the best place for children to grow up is in a home with two loving parents. But when husband and wife finally decide they can't go on any longer, there is no reason for them to feel that they have done their children irreparable damage. If they can keep their personal grievances in the background and continue to act together for their children's best interest there is still a chance for everyone involved to make healthy new beginnings.

In a recent study comparing teen-agers from broken homes and unhappy two-parent homes, youngsters from the broken homes showed fewer psychosomatic illnesses, less delinquency, and better adjustment to parents.

Children are aware of undercurrents of hostility constantly lurking beneath the surface and are troubled and confused because they do not know how to cope with emotions that never get out into the open. Both parents and children are better off away from daily friction and angry silences.

How to Tell a Child You Are Getting Divorced

Once you have made your decision it will be a relief for all concerned when it is out in the open and the children are informed how things stand.

What do you say? A six to eight-year-old might be told his parents are finding it very hard to live together and while they will not be a husband and wife to each other anymore they will still be his mother and father and love and take care of him always.

Children should be told from the outset what their school and living arrangements

will be, which parent they are to live with and how often they are to see the other parent, whether during the week, or for weekends and vacations. Both parents should do all they can to make their children feel secure and loved, whatever their living situation is to be after divorce.

An anecdote that speaks for itself is that of a four-year-old who was overheard telling a playmate. "Mommy didn't like Daddy any more and divorced him. Maybe she'll get mad at me and divorce me, too."

Small children should also be assured they were not to blame for the breakup. A child may be haunted by the fear that "Daddy left because I was naughty." Unless a child is truly convinced his parents love him, he is likely to believe that if his mother and father really did love him they would have stayed together.

Parents should not ask a child to choose sides between them. The child would feel frightened, guilty, resentful and may end up disliking them both. Also children should not be asked to decide with whom they want to live. The burden of making such choices is too great for a young child.

Living-apart Arrangements

Each set of divorcing parents must work out its own plans for their children's living arrangements. Some parents share custody equally, by dividing weeks, or months. A more common arrangement is for the children to live with one parent and spend weekends or vacations with the other. There is no "best" way—the plan must fit the people involved. If possible, it is better to avoid dividing the children between the parents. They are then separated not only from a

rent but from each other.

Feuding over visitation rights usually ds up hurting the child more than the ouse one parent wants to punish. Nor ould parents make spies of their children en they go to visit the other parent. A ld needs to love and respect both parents. There are many occasions when divorced cents must meet to make arrangements a child's schooling or financial security d these confrontations which are bound be painful should be brief and to the int. Lengthy rehashing of grievances is structive. At the same time it isn't fair to ke these meetings so frequent and iendly" that children hope their parents l come together again.

Words Can Do More Harm than Sticks and Stones

One of the most serious mistakes divorced rents make is disparaging their mates in nt of their children. Bitterness is underndable but it is vital to a child's healthy relopment to feel free to love and respect th parents.

When a boy is told he is just like the her of whom he has only heard criticism is likely to feel unhappy and uneasy about neelf. When one partner pulls the other wn, a part of the child's character is also paired. It is important for a child to grow thinking of himself just as he is — a que human being who can be what he needs to be — even though his looks and neerisms are like his father's.

After a mother has been able to come to ns with her sense of injury she is in a ter position to offer her children a pice of their father. She should point out all his good features, explain his weaker ones and add how unfortunate they are because he is such a nice person in so many ways.

Children tend to build up fantasies about a parent they have not seen for long periods. Sometimes, they make him into a villain they can blame for everything that goes wrong, or sometimes they turn him into a fairy prince who will cure all their troubles. Neither is healthy. Children should have a chance to learn the truth gradually about the absent one so that eventually they may see him as a human being with good and bad qualities like everyone else.

Children's Reactions To Divorce

Feelings of anger against parents who have broken up their homes and now force them to live in two worlds, their mother's and their father's, are understandable. Not all youngsters express their distress in the same way. Some whine, some are irritable, some develop nervous mannerisms or do poorly in school. Some show no reaction at all and parents feel relieved. Yet no reaction is an indication of upset as much as obvious reactions. Divorced parents especially should be alert to their children's need for counseling.

One Parent Can't Be Both Mother and Father

The parent with whom the child lives — and this is truer of mothers than fathers — often feels she must be both mother and father. She often feels she must play baseball and roughhouse or be as firm as father might be. In her eagerness to be two parents rolled in one, she often denies the child what she can best give him.





No father, but a good mother.

J. Keating

Even though she must now make all the important decisions, by being too much more, she may only end up by confusing the child and exhausting herself. She will do better if she gives her child a clear image of what a real mother is. With the best intentions in the world, mothers who have been too strict have caused children to develop lifelong emotional problems.

Fortunately for the children some parents can succeed in a divorce when they cannot succeed in a marriage. As an expert in the study of divorce points out, "No real evidence exists to prove that children cannot turn out well when divorced parents disregard their own personal antagonisms and continue to act together in the best interests of the children."

Parents often go to great lengths to tell their children about the beginnings of life but shrink from facing with them that other fact of life — its ending. This may be partly because they have not come to terms with death's finality. By postponing their children's acceptance of the inevitability of death, they postpone it, temporarily, for themselves.

If parents find death difficult to accept, children cannot understand that all their tears and wishes — which they consider so powerful — cannot bring back a loved person or pet. They feel abandoned, unloved, angry at being deserted, and, perhaps, in some way, responsible.

Children should learn from the beginning to see death as part of the whole life cycle – natural, and in spite of sorrow, bearable. The parent's job is not to hide unpleasant realities from children but to help them discover step by step and face the truth without fear. And with questions about death as about all other major realities, parents must listen carefully to what is exactly on their children's minds. Pages of dialogue won't help if the questions which are really bothering them are not answered.

Parents who try to completely shield their children from the finality of death can do their youngsters untold harm. Children want and need brief facts stated as simply as possible and presented in an affectionate manner. Naturally, because it is so difficult for them to understand the cessation of all movement, they will only come to understanding in bits and pieces over a long period of time.

To cope with such strong and even rightening feelings is very hard for a child. If then he cannot express these thoughts wen to himself. He needs comforting and eassuring in many ways. But he needs to earn, too, that people must accept the act of death and go on toward the future. He should be told that arrangements will be made to take care of him and the family then a parent has died and, if possible, that the arrangements will be.

When a young child is not told about eath, he may make up confused and even core terrifying explanations of his own. Or e may blame himself for the departure of the loved one.

Very young children are not able to draw very clear line between wishing for someting to happen and making it happen. Often a child fears that by having once eetingly wished a brother or sister or a arent were dead, he has actually caused ne person to die.

Care should be taken in not making exlanations too fanciful or too vague.

Some of the explanations grown-ups give child, though easiest to give, are not the isest. When a child is told that the peron who died has "gone to sleep and won't ake up," he may be frightened about gog to sleep himself in case he should also ite. Or if he is told that someone died between he was sick, he may be afraid when the or his parents have any illness, even a sold, believing that illness will result in eath.

For the young child, details are not necestry and are best avoided. The simplest atement is enough: People die because eir bodies get worn out. If the child wants know where a person goes when he dies,

parents have their own religious belief to share with the child. When parents are without beliefs that they can share, the child can accept their acknowledgement that they don't really know.

Exact explanations are not so important as the manner in which an answer is given. When parents have accepted the fact of death with quiet courage, they convey this attitude to the child along with their words.

Don't Exclude the Children

When there is a death in the family, grown-ups sometimes unwisely exclude the children from sharing in the family sorrow with the idea of protecting them. To be sure, it is not good for a child to see his parents or other older people overwhelmed with shock or grief. But it is also not good for him to be pushed aside, or sent out of the house to be taken care of by strangers.

Children should be allowed to share the sorrows as well as the joys of family life. They should not be deprived of the right to grieve and mourn and should be free to express sorrow. A child's humanity is deepened if he is allowed to lament the end of life and love.

Children are best apt to face their losses when they can fully express their fears and fantasies. Comfort and consolation for the child, as well as for the parent, comes from sharing their deep emotions. This is why, while it is important for parents to show some control, they should not try to show no grief at all. Children, puzzled, then find it difficult to give vent to their own feelings.

On the other hand, a child should not be urged to show unfelt sorrow for someone for

whom he had no affection. This makes him feel confused and hypocritical. Perhaps the best one can do is to help children learn to respect the dignity and worth of every human life and to understand the loss of relatives and friends left behind.

Children also derive solace from being able to help comfort their grieving parents at such a time. Giving sympathy, doing useful tasks, taking on a little more responsibility—all these things give a child the reassuring feeling that he is not forgotten but is valued and needed. Particularly when a parent has died, helping the remaining parent gives a child strength and confidence in his own ability to face the future.

How Children Express Sorrow

Children do grieve, although they do not usually express their grief in grown-up ways. A child may weep, or instead of weeping, he may be angry and resentful: Why did the beloved person go away? He may burst into uncontrolled gaiety. Or he may show sorrow for a short time, and then turn away to play as though nothing had happened. This is not because the child is heartless and without feelings. It is not even because he does not understand or has already forgotten his sorrow.

Children understand a great deal and feel deeply, but they are not able to express these feelings at once or to keep grief uppermost in their minds for very long at a time. Actually it is because their feelings are too much for them and the sense of loss too overpowering, that they burst forth hysterically or turn away and find diversion. It is the child's way of reacting to an experience that is too big for him to handle.

This is why, although a child needs to share in the family's grief, he cannot be expected to behave according to adult standards for long periods at a time. It is well to let him be with his friends or stay with a neighbor for part of the time while the house is in mourning, but he should not be left to mourn his loss alone or among strangers.

Death of a Pet or Unknown Animal

Some parents replace goldfish and turtles with new ones. The sudden loss and quick replacement may cause the child to conclude death is of no great importance and that love and loyalty may be as easily transferred. It is better to let him mourn the loss of a beloved friend before suggesting its replacement.

The death of an animal or an insect to which the child had no personal attachment may be a good occasion to introduce the child to the finality of death. If a mother is able to show no repugnance while her child examines a fallen sparrow or a trodden beetle much may be accomplished.

Ceremonies for pets, conducted by the children themselves, are good ways for children to work out their fantasies and fears. If children do not think of the idea themselves, parents might be wise to suggest it.

Death of a Playmate

It is easy but not wise to say to a child who has lost a playmate that he was taken up to Heaven because he was loved so much. A child doesn't want to go anywhere without Mother and Daddy. It is perhaps wiser to say that people die when they get very old, but

ometimes young children die when they re very ill, but not from anything like meales, mumps or chicken pox.

Skeletons and Such

Sometime between six and ten a youngcer learns to come to his own terms with the nowledge of death. He may giggle nerously about skeletons and ghosts and tell ruesome tales, but this is just a cover-up or his inner doubts and fears. Such reactions are healthy and normal and an attempt o push strong and worrisome fears away from his conscious thinking.

Death of a Sister or Brother

A child's sorrowing may be complicated by guilty thoughts: "Why didn't I let him ide my bike?" "Why was I always so mean to her?" Even the most devoted adult wishes be could have done more for a dead person. It may help your child to know everyone eels that way when a loved person dies.

"You're All I Have Left"

After the death of a beloved child, the emaining child or children are apt to hear his phrase repeated again and again. It's important for parents to concentrate on the needs of the living child and not enshrine he lost child in memory. No living child can thrive under a comparison in which he becomes a nonentity and the departed child a shining light.

Death of a Parent

When a mother dies, a child wonders who will take care of him. If it is his father who has gone, his anxiety is not so clearly expressed but it is there just the same.

A young child feels the loss of someone strong on whom the whole family depended. His secure world falls away from under his feet. An older child may worry about how the family is to get along, and who is to earn the living. A child may have heard of other families breaking up and children being sent away when a parent dies.

It cannot be emphasized enough that a small child needs to be told honestly that his mother or father has died, that he was in no way responsible through his thoughts or wishes, and that while his parent cannot return, he will be protected.

Death and the Adolescent

The adolescent who is in the midst of asserting himself when a parent dies may feel more a sense of guilt than loss. On the other hand, if the parent is beloved and he is on good terms with the survivor he may be weighted down with "You're taking Daddy's place, now." Children should not be given the idea that they must make up for the departed parent. They must be allowed to grow up and go on their own way.

Funerals

Whether children should attend is a question parents must decide for themselves, depending on their religious beliefs and personal feelings.

Sharing moments of great significance with parents and others brings children a sense of fulfillment and dignity. Most of us seem to need some ritual, no matter how simple, to mark the moment of farewell and children are no exception.

As they get older, Jewish children play a leading role in the drama of mourning. Catholic children are carefully instructed and personally involved in appropriate prayers. Protestant children have no specific part to play. Their participation is guided in each case by the minister and the family.

Children under six should probably be excluded from funerals for no other reason than that they fidget and may be frightened and confused by uncontrolled weeping. Sensitive older children should probably be excused as well.

If children are excluded they can feel they are contributing by remaining at home (with someone they know well) to answer phones and doorbells.

Obviously any child needs preparation for a funeral. He should know just what is going to happen. If a child knows in advance just what he will see and hear, who will be there, and how people are likely to act, he will be less anxious.

After the Funeral

The custom in some families of never speaking of someone who has died is hard for children. Even though it causes a renewal of sorrow in the grown-ups, talking about the person who has gone provides needed relief for a child. Grown-ups often say that a child does not even remember a parent or grandparent who has died. This is rarely true. A child may simply not dare to mention the beloved person because he sees from the reaction of those around him that the subject is unwelcome. The child may actually miss the departed most acutely, and be forced to suffer his grief and puzzlement in loneliness. He needs encouragement to bring his feelings into the open. Talking about the past, letting the child express his own thoughts of the person who is gone, helping him to remember happy times, are good ways to help a child over the painful loss.

The One-Parent Home

More than six million children in the United States live in one-parent homes.

When a family is left with one parent, whether through death, prolonged illness, divorce or separation, the first problems are usually practical ones. The loss of either parent may sharply affect the family earnings. The loss of a mother in a family with young children confronts the father with the immediate need for some person to fill a mother's place both in caring for the children and in meeting their emotional needs. The loss of a father may mean that a mother must find full-time work for the family's support, so that she then has to find a substitute for herself in caring for the children.

If a mother must go to work she should go with a clear conscience and make the best plan for her children during the day: sitter, relative, day care center, nursery school or kindergarten. If she has her choice she should look within herself to decide whether she is the kind of person who gets so stale in an atmosphere of domesticity her resentments are reflected in her relations with her children.

At first glance it may seem necessary tobreak up the home and separate the family, placing the children with relatives or in foster homes. This drastic step, depriving the children of their second parent and their home as well, should not be taken until all possible ways of keeping the family together have been considered. A temporary arrangement may be possible to give he remaining parent time to consider calmly, to consult trusted friends and relaives, and to see what services the community can offer.

Some values are worth a good deal of effort to preserve. Keeping the family together may mean a move to a less desirable home, but it is still better than no family home at all. If an older child must leave school to go to work or stay at home with the children, there may be a way to continue his or her education at night school. Children can accept many changes and sacrifices when the need is obvious and each

member of the family is equally considered. Mother or father, too, will be making sacrifices. Courage and strength are needed, and also a willingness to accept help from community agencies where this kind of help is available.

In the urgency of practical problems, the emotional effects of the loss are sometimes overlooked. The children and their parent are bound to be upset, whether by grief or other painful feelings, depending on the cause of the situation.

Children feel an injustice has been done them whether the separation has been



This mother may be unhappy herself, but she sees to it that her children have all the love and care she can give them.

M. Forsyth/Monkmeyer

caused by divorce, desertion or death. They need time to digest everything that has happened, to accept their sorrow, resentment and shame in being "different" from other children. Having someone to share these feelings with them is better than silently storing them up inside.

They may need some encouragement to go on with life as usual: inviting friends home and taking part in extra-curricular activities. The parent who goes about his affairs and takes part in life as usual lays the groundwork. Being "different" doesn't matter so much, if life is full of variety and friends.

A prolonged, serious illness that takes a parent away from the home can cause practical disruption of family life too; but if recovery may be hoped for, there is at least the possibility that the family may one day be restored. Even for a temporary situation, however, children, especially young ones, need a great deal of warmth and reassurance from the person who takes over their care. They should not be shifted around from one person's hands to another's if it can possibly be avoided.

Children cannot thrive in a gloomy household. So it is never wholesome for a child to have to live in a depressed atmosphere. If the family has lost a member by death, it is unwise for the remaining members to dwell too long on the past.

Making New Friends, Finding New Interests

Unfortunately, in a society that seems geared primarily to couples, the man or woman alone may find that the friends who at first rallied around nobly, begin to issue fewer and fewer invitations. Soon the person alone may find himself left out of all events that involve couples.

This could be because these friends find it very painful to be reminded of the possibility of being alone themselves. Sometimes the man or woman alone may be at fault. Even the most patient friends eventually get tired of listening to tales of problems and grief. They have their own concerns. If at all possible, the man or woman should not depend solely on old friends; it is important to make new ones.

Many newly divorced or widowed parents feel the need to talk to other people in similar circumstances. One way to find such people might be to join Parents Without Partners, a nationwide organization designed to help single parents work out the problems of raising children by themselves. In working together, many parents have found new friends and help in adjusting to their situation. There are some 500 chapters of Parents Without Partners in the United States. For information, write to Parents Without Partners, Inc., 7910 Woodmont Ave., Suite 1000, Washington, D.C. 20014.

Another way to make new friends is to find new interests. Once the newly single man or woman has begun to adjust, he or she should make a genuine effort to broaden the horizons of life—take an evening course, join a new club or group, do volunteer work or start on a new hobby. The more interests a person has, the more interesting that person is.

Remarriage

Although statistics indicate that divorced and widowed women are more apt to marry

an the single women in their own age roup, women alone often have many painle experiences before they can build new wes. Men, too, face many difficulties.

It is frequently hard to meet unmarried cople with similar concerns and interests. Tany seem solely involved in their own coblems, or are too embittered to build the relationships, or seem to have no interest at all in marrying.

The period during which a single parent orks to establish a new personal life is difficult for the parent and painful for the nildren. Children may become attached to ne of the men their mother spends time ith, or a woman their father sees. Then, addenly, the new person disappears. They are resent their parent's new friends, or sel there is disloyalty to the old mate.

Stepmothers and Stepfathers

It is not advisable to ask a child if he ants a new mother or father, because it is ot his decision to make. But if a new marage is contemplated, it is a good idea to the children become acquainted with heir prospective new parent well in adapted.

Stepmothers have been given a poor reptation in fairy tales, but in real life many them have done excellent jobs. Abraham incoln's stepmother, for instance, was note sympathetic to her tall awkward stepon than his own father was.

The image of the cruel stepparent persts because no child feels loving toward is real parents at all times. His attitude aries from one of tenderness and depenence to resentment and open rebellion. The child disapproves of these angry feelings as much as his parents. One way in which he can express and tolerate the angry and frustrated feelings is to attach them to the cruel stepparents of fairy tales.

The stepparent of either sex has the hard task of coming into a household where the children have already suffered one severe change in their lives, through the loss of a parent, and are likely to be fearful and resentful of another. Yet the stepparent also comes to fill a place that is empty. Children need both a mother and a father. With patience, tact, and a willingness to give love even though it is not at first accepted, the new mother or father can usually fill the place.

The stepparent does well to let acquaintance with the children develop slowly and to let the children take the initiative. With young children especially, the advances of any stranger are not usually welcome. An older child who remembers his mother or father tends to resist in particular anyone who comes to take the missing parent's place. When there has been a divorce, and with young children even when a parent has died, the child often clings to the hope that his mother or father will come back. He may look upon a new mother or father as someone who will prevent his own parent from returning. It is thus best for the prospective stepparent to make friends gradually, well before actually coming into the home to live.

Lavish presents are not necessary and not usually successful in winning children's love. A modest but thoughtful gift, something that would please the particular child, has more meaning than something that is merely big and expensive. Even so, a boy or girl may be reluctant to accept a gift, just as the child is reluctant at first to accept friendship. A young child may flatly refuse a present, and even cry and turn away. It may be hard for the prospective stepparent not to be upset by such occurrences. But this is by no means a final rejection. It is only a sign that the first step is difficult for the child. The present can be left within reach, perhaps with a friendly remark, like "This is for you if you would like to have it." Sooner or later, although perhaps not until the visitor has gone, the child usually takes the gift.

Giving affection is much the same as giving a gift. Too sudden or too demonstrative affection is hard for the child to accept. It seems to demand affection in return, and he is not ready to give that. The most successful approach for a stepparent is to show that he or she is friendly and is fond of the child, whether or not the child returns the feeling.

Opportunities to show affection are bound to arise. Doing things for the child is one way, such as preparing a favorite dish orfor a stepfather-making or bringing home something that the child needs for his room, for playing in the yard, or for a special hobby. Being ready to spend time with the child is another way: reading a story, making paper cutouts or baking a cake together. going somewhere interesting, taking an older child to a game or a movie or other event in which the child is interested, or merely having time to listen when he wants to talk. Making the child's friends welcome also helps to establish the new relationship.

When a stepparent, particularly a stepmother, comes into the home, the temptation is to change things and set up new ways of doing things at once. Even though many things may need changing, as in a home where there has been no mother, the new mother should go slowly. Children, and even adults, are generally upset by sudden and drastic change even when the change is for the better. For children, old toys, collections of pebbles or shells or what appears to be merely junk, even old clothes, have a value. They are familiar and therefore give a sense of security.

How to address the new parent is sometimes a problem to a child. He may not be ready to call a stranger "mother" or "father." A young child is likely to use the new parent's first name, not out of disrespect but because that is the name he hears others use. An older child does not usually feel so free. Matters can be eased for the child by a friendly suggestion that it is all right to use the new parent's first name, or an easy nickname.

The stresses and strains of children growing up in the house are felt by all parents, but stepparents are likely to feel them more keenly than natural parents. A stepmother or stepfather needs to remember that a flash of hostility from a toddler or a flare-up of angry resentment from a teen-ager is not unusual and not necessarily a sign of something gone wrong in the special relationship, even though the words spoken in anger—"You're not my real mother!"—may seem pointed that way.

To answer the child in the same spirit can only make matters worse. Touchiness in the adult makes the boy or girl uneasy about the relationship and exaggerates every situation in which there is disagreement. Nothing is gained for a stepmother or stepfather by criticizing or making comparisons with the children's life with their own father or mother. Whether the absent parent is living or dead, criticism makes the children uneasy at least, if not resentful. They must remain loyal to their own parent, or the memory of their own parent. Only if they are allowed to keep that loyalty, will they be freed to love their stepfather or stepmother, too.

Some complications may arise in cases where the new parent also has children, or where children are born in the new family. But when each boy or girl, whether child or stepchild, is treated as an individual, and a willingness is shown to meet the needs of each one, difficulties are not likely to become serious. The rivalry between brothers and sisters that goes on in all families may be intensified at some periods, but with consideration for each, the children of different parents can learn to get along. Many mixed families live harmoniously together and the members are as loving and loyal to each other as though they were fully related.

If a Parent Is Mentally Ill

About one in every ten persons in the United States will have, at some time during his life, a mental or emotional disorder serious enough to require hospitalization.

Hospitalization under these conditions can be extremely difficult for the marriage partner who must carry on. He or she must cope with painful and bewildered feelings, shoulder a double burden, try to keep a stiff upper lip when the future looks bleak, and not be bowed down by society's still ante-diluvian approach to mental illness.

All this is likely to come at a time when



Each child meets crises differently.

the mother's or father's spirits are low because there have been months of upset family life before hospitalization became necessary.

It is understandable that at such a time a parent could easily take the wrong approach in explaining the situation to the children. It is natural to want to shield them from the unpleasant or perhaps to try and evade the issue. But children feel much more threatened by the unknown and untrue. Untruth shakes their trust in adults and their imagination knows no bounds.

A simple explanation, one he can understand at his age, will minimize a child's fears and help him to meet his current crisis. Youngsters actually gain in strength when they can share, in their way, parents' troubles as well as joys.

Of course, each child will meet the crisis differently. Listen to what your child says and asks to discover what is bothering him. Do assure him that mental illness is not a "badness," it is what the words say, a sickness. Some illnesses affect the stomach or the lungs, others affect the mind. Assure him that each year science discovers new treatments and that parents who might have

spent years in institutions now are able to come home in a relatively short time. Sometimes it is only a matter of months or even weeks.

Give very young children all the love you can. Let them know Mommy or Daddy will be back. Assure them their missing parent loves them and they are not responsible for his or her absence.

Older children will wonder if mental illness is inherited, whether they can get married, and how their parent's illness will affect their future. Doctors now believe that heredity may play a part in some disturbances, but by no means all. A person may inherit a susceptibility to a disease, but it does not mean he will contract it. Actually, mental illness is so common, practically everyone has someone with a mental or emotional disturbance somewhere in his family tree. Perhaps the best thing you can do to reassure your youngster of his chances for a normal, happy life is to ask your doctor to have a chat with him.

If a Parent Is an Alcoholic

Alcoholism is insidious. It poisons not only the drinker's life, but the lives of everyone close to him.

Constant fights, lost jobs, skyrocketing debts, irregular hours, poor housekeeping, society's disapproval — the whole constellation of alcohol's side effects make life miserable for the children.

Until medicine discovers a cure for alcoholism, the disease — and it is a disease not a "badness" — can only be checked. For many, AA (Alcoholics Anonymous) is the solution. For others, sheer willpower, faith, and the determination to recapture self-

respect brings sobriety. For countless others, nothing seems to work.

How can a mother or child invite anyone home when Dad is stretched out drunk on the living room couch? And after a time, even the best of friends tire of inviting a couple for dinner if the husband drinks too much, insults the other guests and climaxes the evening by becoming violently ill.

If a husband will not join Alcoholics Anonymous, a wife can always help herself, and indirectly help her husband, by joining Al-Anon. Al-Anon groups are made up of relatives and friends of alcoholics who realize that by banding together they can better solve their common problems.

Difficult and, at times, impossible as it may seem, the husband or wife of an alcoholic must remember that the drinker is a sick person and must be treated with tolerance. Criticism will only make matters worse. Understanding will help the drinker live more easily with himself and his family and could, possibly, cause him to want to change.

An alcoholic can not be scolded, pleaded, reasoned or threatened into sobriety. An alcoholic is deeply ashamed of his condition even though he may never show it, and he needs love and approval far more than most people do. He must have love domonstrated constantly.

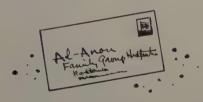
Admire what good qualities the drinker has and do your level best to accept his alcoholism as a temporary illness.

There is no way to measure the deprivation an alcoholic parent causes a child. The child pays in anxiety, tensions, less parental affection, and fewer childhood experiences: fewer, if any, trips to the zoo, the beach, the ballpark. An older child wonders what to tell friends when they see his father drunk. Alcoholics Anonymous suggests a child tell his friends the truth: his father is ill but will get better someday, hopefully. If friends don't want to visit, the youngster should not feel hurt and stay away from all outside activities. He should demonstrate by his actions that he is not ashamed of his father and that his father's illness has not harmed him

If a parent who drinks becomes violent, youngsters should get out of the way immediately.

Naturally, a child worries about his own future. Many physicians feel that a child will not inherit a definite craving for liquor, but that he may become alcoholic in an attempt to escape the emotional difficulties caused by his faulty family life.

For youngsters of alcoholic parents there are Alateen groups. If there is no Al-Anon or Alateen group in your community, write Al-Anon Family Group Headquarters, P.O. Box 182, Madison Square Station, New York, N. Y. 10010.



Financial Crisis

A financial crisis can strike a family at almost any time. A sudden illness, prolonged strike, firing, unwise investment, the inability to stand a boss a minute longer, business failure — all are the unfortunate stuff of which the darker side of life is woven.

Anyone who remembers the Great De-

pression knows how devastating an empty bank account and stomach can be. Youngsters who grew up in those dark days were almost less afraid of war than of another depression. Today, too, many people find it is difficult to pick themselves up and get back on their feet after financial reverses.

Sometimes, money troubles bring a family closer together. Other times, they destroy a marriage. Usually, if the family has the guts to really try, it can pull itself out of almost any financial bog.

Actually, it is the father who is the hardest hit by a money crisis. His faith in himself as well as his financial security is shaken. Now, he needs understanding, not recriminations, appreciation for himself as the whole person he is and not just the family breadwinner.

Mother has a difficult job. Dad is bound to be edgy. The children mustn't get him nervous. She can't let her husband see how concerned she really is about the future. And what should she tell the children? She doesn't want to say anything, but how else will she explain unfamiliar deprivations?

A child who is old enough to understand words should be given an explanation he understands. With so much tension and worry in the home, children may wonder why their parents are acting so unlike themselves. They may even feel responsible.

Fortunately, there are still many free activities for children. If the youngsters have to give up their music and dancing lessons for the time being, there are all sorts of interesting free courses at churches and settlement houses.

When parents manage to get back on their feet, youngsters come out stronger and with a better understanding of what is really important in life.



A. Devaney, Inc.

Making the best of a handicap.

Chapter Twelve

Handicapped Children



The attitude of parents toward a handicapped child has a great deal to do with the attitude the child himself will adopt. If the finds he is being pitied and babied he will tend to become more demanding than the needs to be. If, instead, he is encouraged to feel proud when his efforts succeed, he can become a happy cooperative member of the family. It is important to the whole damily too that life be kept as normal and theerful as possible. If the other children the teel that they are being duly thought about too, it will make them more considerate and helpful to the handicapped child.

The many problems parents face when a hild is in some way disabled can so overwhelm them that at first they may find it ery difficult to maintain a cheerful atmosphere in the home. The effort to give their hild all the medical care and therapy he needs and to educate him as he should be ducated sometimes seems too much for them. They feel that they are exhausting all their energies and resources, and sometimes esignation seems the only answer—even if a means resigning their child to helplessness.

However, there are many sources of reef and assistance for handicapped children nd for their parents. When the parents are nown something positive and helpful they and o for their child, life grows easier and brighter for them and their families. Help is to be had from the community, from the school system, and from agencies and hospitals.

Here are some useful suggestions for parents of children who may be blind, deaf, crippled or in some other way different from other children.

The Blind Child

As soon as you learn that your child is either partially or totally blind, get in touch with sources of information such as your local Health Department, Welfare Department, or Board of Education.

The National Society for the Prevention of Blindness, Inc., 79 Madison Avenue, New York, N. Y. 10016, works with agencies or school districts helping to plan services for partially sighted children. They also conduct a program of public education in the prevention of blindness and sponsor research in eye conditions.

The American Foundation for the Blind, 15 West 16 Street, New York, N. Y. 10011, is primarily interested in social, psychological, and educational aspects of blindness. The Foundation publishes a directory of governmental and voluntary agencies, schools, and libraries which serve blind people in the United States and Canada. They have literature which may help to answer many of your questions.



This blind child has learned to read in Braille.

Dallas Services fo

You should be able to get information about special classes and schools for blind children from your State Board of Education or State Commission for the Blind.

A blind child has the same fundamental needs as any child: the assurance of his parents' affection, loving care, praise and approval, opportunities to gain independence, freedom to explore, and participation in the normal activities of daily living. You use the same techniques to encourage a blind child to walk, to talk, and to care for his physical needs as you would use with a sighted child.

Let your child get used to a regular routine from the start and let him do everything he can by himself. He will naturally need far more help than the sighted child in learning to move about without bumping into furniture, and later to feed and dress himself.

As he begins to know objects by their feel, explain what these objects are and what he can do with them. Describe his surroundings as vividly as you can, and tell him about people and about places he may visit to help him picture them in his mind. You will be rewarded by observing how fast his vocabulary increases and his horizons are widened.

A great variety of experiences during preschool years will help prepare your child for successful participation in his school life. Whatever kind of school he goes to, your part in his education is always vital to his well-being. The more opportunities you give him for learning and for having rm relationships with people, the happier d better adjusted he will be.

The Deaf Child

The Alexander Graham Bell Association of the Deaf, Inc., 1537–35 Street, N.W., ashington, D. C. 20007 will give you valuate information and may suggest special mools for the deaf. In these schools methods we been devised for teaching the child to dear" by using sight, touch, and electrical applification of sound, and to help him to arm to speak. Training of this kind should estarted very early in serious cases.

Early detection of a child's deafness may so result in at least a partial restoration hearing. But whether or not there is any hance of such improvement, a child will arn to understand others and will make mself understood with far less difficulty if is disability is discovered and squarely ced by the parents during the first year so of his life.

An otologist, who is an ear specialist, will robably be able to tell you whether the contion can be remedied or not and what steps ou can take to help your child.

Apart from anything a doctor can do, owever, the hard-of-hearing child can be reatly helped at home. With patience the arents can come to understand what pitch f voice gets through to the child better han another, for it is usually pitch rather han loudness of tone that the hard-of hearing seem to distinguish.

Talk to the child as much as you can, learly and distinctly but without overmphasis or distortion of the lips and facial



This hearing-impaired child is being taught to recognize sounds by touch.

Lexington School for the Deaf

muscles. Try different ways of saying the same thing to see if he can hear one sound more easily than another. Perhaps your doctor or clinic can give you some ideas about the best way to speak to a hard-of-hearing child—or recommend a speech specialist who can show you in detail.

A hearing-impaired child, by watching your lips, can learn to recognize "sounds" by the way your lips move. But this cannot help him to speak. There are special techniques for teaching speech to a deaf child. Your doctor or clinic can doubtless recommend someone trained in these techniques to teach your child. This will require time and patience, as well as the desire to learn, on the part of the child. This desire must be fostered by the parents. The child should be talked to as much as possible, and made to realize your wish to communicate with him

even if for a long time he fails to understand what you are saying.

It is a mistake to think that hearing aids cannot be used by children or that any hearing capacity the child has may decrease if such an aid is used. To be sure, he will need your help to undergo the rather slow process of getting used to the confusing noises that at first drown out voice sounds, and also to overcome any self-consciousness or shyness he may feel on appearing in public wearing this device. But it will be well worth your time and your patience, for in the end he will enjoy a great increase of contact with the world around him.

For information about special types of hearing aids for your child, write to *The American Speech and Hearing Association*, 1001 Connecticut Avenue, N.W., Washington, D. C. 20006.

The Child with Cerebral Palsy

The Division of Crippled Children of your State Department of Health can suggest classes, schools, and other facilities to aid children crippled by cerebral palsy. Also write to the United Cerebral Palsy Associations, Inc., 66 East 34 Street, New York, N.Y. 10016, which will refer you to local agencies for help in obtaining special training for such children.

The National Easter Seal Society for Crippled Children and Adults, 2023 West Ogden Avenue, Chicago, Illinois 10612, also refers parents to local chapters which may offer assistance to children with cerebral palsy.



This child is being taught to coordinate muscles she cannot control.

United Cerebral Palsy Assoc., Inc.

The Crippled Child

All crippled children, whether they are victims of cerebral palsy or polio or whether they have been lame from birth or as the result of an accident, require a great deal of help that only their parents can give them. Valuable as modern medicine and therapy may be, they cannot give each individual crippled child the loving guidance or the regular training he needs if he is ever to learn to live in comparative independence.

He should be allowed to do everything for himself that he possibly can. Encourage him with praise for every success, in dressing himself, feeding himself, or, later on, in his school studies. At the same time let him understand that cooperation and trustworthiness and consideration for others are expected of him just as they are from the rest of the family.



Services like this are available for crippled children in many communities.

Children's Bureau Photograph by Esther Bubley

The Epileptic Child

This is the name given to a form of convulsions, usually chronic, occurring in older children. It is not accompanied by fever as in the case of an infant's convulsions, and its cause is not definitely known.

An attack may cause the epileptic to become unconscious and lose control of his nuscles, or it may be much less severe. But get in touch with your doctor in either case. He can prescribe certain drugs that will stop the spells or reduce their frequency.

The Epilepsy Foundation of America, 733 15 Street, N.W., Suite 1116, Washington, D. C. 20005 will send you articles and medical reprints of all phases of this disease if you write and ask for them.

The Child with a Speech Defect

Up to the age of four or five a child's mispronunciation of words is perfectly natural, for it can easily take him that length of time to learn to use his tongue and palate and other parts of his speech apparatus. If he makes mistakes, correct him gently, but do not hound him or make an issue of it.

If after four or five, however, the child cannot make himself understood, it may be because he has not been in regular association with other children. In that case you might try sending him to a good nursery school where he will not only find playfellows but benefit by the protection and guidance of a trained teacher.

If the child stutters, special speech classes in schools and hospitals may help him. But if the child's stuttering is caused by nervousness or tenseness, he may need the services of a children's psychiatrist who can help relax his tenseness by uncovering its cause.

The National Association of Speech and Hearing Agencies, 919 18 Street, N.W., Washington, D. C. 20006, may be able to provide information about specialists in speech therapy located in your neighborhood.

The Mentally Retarded Child

It is wise to consult a psychiatrist as soon as you realize that your child learns much more slowly than he should for his age. Or go to a child-guidance clinic. The trouble máy be organic, the result of a brain injury; or it may be glandular, the result of deficient functioning of the thyroid gland; or it may be a case of a naturally slower than normal rate of development in the child's mental processes.

Your doctor will tell you what can be done to improve an organic condition. Deficient functioning of the thyroid gland can be treated successfully if it is discovered in time.

Most cases of slow mental development are what are termed "natural." This means



What tensions are making this boy stutter?

Metropolitan Life Insurance Co.

that the child is by nature slower to learn than most children of his age and will probably always be limited in his achievement, just as some children are taller or thinner, some shorter or fatter than others. And the only sensible attitude parents of a naturally slow child can take is to give him all the love and all the sense of security they possibly can. They should not blame themselves or make the child miserable by urging him beyond his capacity or by neglecting to give him the toys, the companionship, and the education all children need.

There is no reason why the naturally slow child should not grow up to be a useful and happy member of society and be trained in some manual skill that will earn him a living.

If your child is seriously retarded, face

he painful situation with all the courage rou can. Then find out where you can obain the help you will need in making the important decision whether to care for your child at home or whether he would be better off under the care of doctors and nurses especially trained to deal with such children in some community or state institution.

Most states have psychiatric clinics and other mental health services to which you can apply for information and advice. The National Association for Retarded Children, Inc., 420 Lexington Avenue, New York, N. Y. 10017 will refer you to the organization nearest your home.

Make Your Handicapped Child Happy

Whether your child suffers from any of the disabilities described here, or is chronically ill, or whether he has some slight defect, such as shortness, crossed eyes, a disfiguring birthmark or other deformity, the important thing is to treat him naturally. Love him, but do not over-protect him. The over-protected child may sense that you are ashamed of him and he will then be ashamed of himself and grow self-conscious and unhappy.

It is hardly necessary to say that, even more than ordinary children, the handicapped need regular nourishing meals and plenty of sleep. Ten to twelve hours of sleep are not too much for young children, as well as an hour-long nap in the afternoon.

At an early age give the handicapped child whatever responsibility he can handle as one of the family. Provide him with clothes he can put on and take off himself,

clothes that fasten in front with large buttons or zippers, and that have elastic waistbands. Let him have low shelves of his own where he can find his toys and books and put them away when he has done with them.

Let him mingle with other children. The companionship of normal children will have a two-fold effect. It will prevent him from feeling different and queer, and it will accustom his playfellows to the existence of certain physical and mental defects in others. It helps everybody when normal and abnormal children can play together and later work together without self-consciousness.

Happy in spite of his handicap.

A. Devaney, Inc.





J. Keating

A happy start toward the teens.

reparing for Adolescence in Boys and Girls



Near the end of Chapter 6 ("Five to even—The Early School Years") you will d a few paragraphs headed "Toward the ens." We suggest you go back over that ef summary of general pre-adolescent navior before plunging into the present opter which will undertake to do two engs: (1) warn you of what to expect, and help you to cope with it.

Previously we have tried to prepare you the great events of motherhood: the comof a baby, the care of an infant, the anges you must face when your homeing toddler becomes a schoolchild. Now hope to help you prepare for the most strating of all changes in parenthood: the set of puberty or pre-adolescence in your your grand girls.

A Time of Frustration and Bewilderment

This is a difficult time for both the parents I their children, and it is made more diffit because the youngsters themselves are vildered by what is happening to them. ey are no longer children, but neither are y yet adults. Yet they seem to want the rantages of both and the disadvantages of ther. Suddenly they feel they must rid

themselves of parental authority and be free to do as they like. Usually, for all the "facts" they may know, they are quite unprepared to assume the role nature is hurling them into. Therefore, we must first educate ourselves in the behavior we will have to cope with in them and then, as best we can, prepare them to cope with their changing selves. We must do it with sympathy and understanding (but not too obviously), and, above all, with tact. And we must definitely not give any evidence that our feelings are hurt when our boys and girls, who are trying so desperately to grow up, treat our advice with contemptuous disregard.

There Are Exceptions — But Beware of Them Too

Not all pre-adolescents behave this way, of course. Some have been so strictly brought up that they don't dare defy their parents' authority, however strongly they may want to. Don't, however, believe that your dictatorial discipline has necessarily paid off and that you are being rewarded by a pre-adolescent who behaves well during these trying years. All too often boys and girls who fail to act "ornery" during the time when it would be normal for them to do so are the

very ones who are most rebellious and get into the worst trouble later on.

The Kind of Parents They Need

Too permissive child-rearing has never been good for children, but the too repressive type has had even worse results. The best kind of parents for children of any age are those with confidence in their own common sense, a happy family life with mutual respect for all of its members, a feeling of comfortable tolerance for children's right to be childish, tact, and, above all, a wise sense of humor. And you will need all these qualities in even more abundance as your children approach the teen years, for they may be hard to take. True, most of them bring a new vitality and sparkle into the home, but also raucous noises, brooding silences, halfempty pop bottles on the coffee tables, shoes under the sofa, and messiness all over the place. And if you nag them about it they will either ignore you or argue that you are a bore or a square or an old fogy with no understanding of today's world. All you can do is either to straighten things up cheerfully and without comment, or, if you can stand it, let the youngsters stew in their own juice, so to speak. Sooner or later-if you have totally ignored their messiness-they may come around to straightening things up by themselves-unless, of course, you have



been too much of a fussbudget about nearness, in which case they will probably be perfectly happy living in an unholy mess until they really grow up. When they do, they will probably be just like you. But that will probably be too long for you to wait.

Facts Your Pre-Adolescent Boys and Girls Ought to Know

It is not unusual nowadays for our young people to know more so-called facts of life than their elders. But it is very likely that they will have wrong, inadequate, or distorted information, and their attitudes, based on their boasts that they "know everything" may be anything from unhealthy to dangerously damaging. It is up to us, the parents, therefore, at least to inform them correctly about the physical changes that are about to take place in their bodies. In order to do so intelligently we ourselves must know more than the mere facts. Besides what to tell our youngsters, we must know when and how. Here is a run-down of the necessary information.

Physical Changes

Girls begin growing and gaining weight before boys do, but they also stop growing and gaining before the boys stop. In a few years the boys have caught up, and after a sudden growth, sometimes as much as several inches in a year, they go on growing a little, even as late as their early twenties. Girls also begin with a sudden spurt in height, but not many girls continue to grow after their sixteenth birthday. The same pattern is true of the gain in weight. Girls generally slow down at about sixteen and rarely gain (until later) after eighteen, while

ys go on gaining slowly into their twenties. The change in girls' size is marked not ly by their growth in height but also by filling out of the figure to womanly eves. The hips begin to widen and the easts begin to develop in many girls as ly as nine or ten. With boys the change vard a manly physique begins with keight d a noticeable change in muscular power. e muscles make up a great part of the ys' gain in weight. Their sheer physical ength is almost doubled between their elfth and their sixteenth birthdays. From n on the tall gangly lad catches up with nself in other ways. His bones become wier, and his shoulders, neck, and chest aden.

The age and rate at which a boy or girl relops are largely inherited, but they are affected by nutrition and living condins. With good food and good care chilen tend to mature earlier and to grow er and heavier than when they have a or diet and poor living conditions. In the ited States today, boys are between six I ten per cent taller, and between twelve I fifteen per cent heavier, than were boys fifty years ago.

Boys and girls who begin to grow early not necessarily become taller adults than se who begin their growth spurt late. The developers may eventually outstrip the ly ones. In general, children who are tall heir age group between six and ten grow tall adults. It is also true that boys who well grown before puberty tend to make earlier than small slender boys. The dy broadly built boys tend to grow into a of average height or less, and the slenlate developers tend to become taller ger-legged men.

The time of puberty, or sexual maturity, is generally dated by the growth of pubic hair in both boys and girls and by menstruation in girls.

Preparing Your Boy or Girl for Puberty

It is a good idea, for several reasons, to prepare your girls and boys for what is before them well in advance of the actual onset of puberty. First of all, boys and girls of nine or ten are less self-conscious than later, and information then can be given in a matter-of-fact way about *all* boys and girls, not just about themselves. They generally do not learn everything they need to know in one talk, so it is good to open the door to any questions they may want to ask later.

But just knowing the biological facts is not enough for a boy or girl. Good feelings about their bodies and their physical functions must go with a knowledge of the facts. Sexual maturing is tied up with deep emotions. It involves the important relationships of love, marriage, and family. It also involves personal standards of conduct and a respect for social customs.

Parents are the first adults in their children's lives, and parents' attitudes toward all these important adult experiences and relationships are strong. Church and community also have their influence, but so alas, have salacious books, magazines, movies, television, and members of the teen-age set. But in the long run the influence of parents is very likely to prevail.

What to Tell a Girl

A mother can—and should—tell her daughter about menstruation in a way that



This mother is telling her girl the facts of life.

will give the girl a feeling of pride in becoming a woman. Most girls nowadays are active and healthy, and have no reason to feel more than slight discomfort with their menstrual periods. However, if a girl feels anxiety or shame about menstruation, that can cause tensions of all kinds, and can also bring on real or fancied physical distress.

The very fact that her mother has not talked to her about menstruation can make a young girl feel worried or ashamed. If her mother is silent or embarrassed, it is no wonder that the girl will turn to someone else for guidance. Many a mother would be unhappy to know that her daughter has had to learn from other girls and their mothers what she herself has not had the wisdom to tell her girl simply and naturally.

A young girl should be told what to expect in body changes, sensations, and emotions, in a general way, and how to care for herself and be comfortable during her period. She should be told that menstruation need not interfere with bathing, or with other usual activities such as exercise, dancing, or swimming. When a question comes up to which a mother does not know the answer, it makes for good feeling on both sides if mother and daughter look it up together. The child cannot be expected to know where to turn for information, but a mother need have no hesitation in asking at school, at the community center, the "Y," or some other youth organization for a good pamphlet for her daughter to read.

Menstruation in Girls

The rounding breasts and broadening hips of girls usually become apparent before menstruation actually begins. These are secondary sex characteristics. The appearance of hair in the pubic region and under the arms, another secondary sex characteristic, may be observed at about the same time. Meanwhile the genital organs are developing within the body, and when this development is far enough advanced, the girl has her first menstrual period.

Most girls begin to menstruate at about thirteen. Many begin at twelve, a few as young as nine or ten. By sixteen most girls have begun to menstruate, and an occasional girl is delayed until seventeen or so. Periods are usually irregular for the first months, often for the first year or two. A girl may have one or two periods and then none for a month or several months, then begin and stop again for a while. There is nothing abnormal about early or late beginning of menstruation or about the irregularity of periods for one or two years.

The menstrual flow during each period also varies at first, and it varies a good deal among individual girls, as it does among grown women. The average duration of a period is 4½ days for young adult women. The average time from one period to the next is twenty-eight days. The menstrual cycle is shorter for some girls and longer for others, as it is for women. Few girls or women have an absolutely regular cycle. A slight discharge from the vagina, at other times than during menstruation, is common and perfectly normal.

The first appearance of menstruation does not necessarily mean that a girl is fully mature sexually and able to bear a child. A pregnancy during the first year of menstruation is extremely rare.

Around the time of puberty, some girls put on a considerable amount of fat. This generally disappears by itself in a few years, and by sixteen or so a girl is likely to have pretty much the height, weight, and general outlines of the figure she will have as a young woman.

The sweat glands and the oil glands in the skin and hair become more active at puberty. The adolescent girl should bathe more frequently and keep her face and hair especially clean. But merely telling her that is no guarantee that she will do so. She may if a doctor or a favorite confidante suggests it. More likely she will do so of her own accord if and when she falls in love with a boy whom she wants to attract.

What to Tell a Boy

The father is usually the one to tell his boy about growing to manhood. In most families, boys and girls both begin asking questions long before this age, and the little boy's questions are as often answered by his mother as by his father. But as a boy reaches ten, eleven, and twelve, he has already come a long way from his little-boy feelings toward his mother. He wants privacy while dressing and undressing and when he is in his bath. He would rather not talk about these matters with any member of the opposite sex, even his mother. These are natural feelings and a good preparation for the privacy more grown-up relationships demand.

At puberty a boy's father is an important guide in establishing wholesome attitudes about self-control, consideration, and responsible behavior toward the opposite sex. This is not accomplished in one talk. It goes



This father is telling his boy the facts of life.

M. Forsyth/Monkmeyer

on through years of a good relationship between father and son, both before and after puberty. A father teaches the boy by his own example in the way he behaves toward his wife and other women, toward his daughter and other girls.

Puberty in Boys

Puberty in boys is generally defined as beginning with their first ejaculation which is comparable to the beginning of menstruation in girls. Pubic hair appears at about the same time and a fuzz of down later appears on the face, usually first on the upper lip and then on the cheeks. The voice begins to change, becoming lower and more manly, and is likely to "break" from one register to another, all in one sentence. Meanwhile the body develops toward manly proportions with a broadening of shoulders and neck, and the genital organs grow larger.

Hair on the chest-to many boys a symbol

of masculinity—does not appear until much later in adolescence, if at all. Many very masculine men never grow any hair on the chest.

A boy's face changes noticeably. The childish nose seems rather swiftly to become a manly nose with a bridge, and often this is the most marked feature of the boy's face for a while, until the broadening of other features catches up with it. The hairline may change, too, from the rounded line of childhood to the line with an indentation at each side of the forehead, as though the hairline were receding a little at the sides.

Nocturnal emissions or seminal emissions, sometimes called "wet dreams," are experienced by many boys during adolescence, sometimes as early as thirteen or fourteen during the period of puberty. A parent—preferably the father—should warn his boy of this, for a boy who is not prepared may be afraid that he has done himself some injury. A seminal emission is simply an in-

luntary ejaculation of semen from the nis. It is to be expected as one of the ormal signs of a healthy developing mandod. It may or may not be accompanied by qually exciting dreams. With the maturing the sexual organs come maturing sexual elings, and both the dreams and the emisons are part of maturing. Sometimes no rticular sexual excitement but merely neral tenseness may bring on seminal missions.

Masturbation

Although some boys may not experience cturnal emissions, nearly all boys masrbate. A great deal of unnecessary fear and xiety can be created in a boy who has sudnly become aware of strong sexual tenons, if he has been sternly warned that it wrong to masturbate. Years ago boys were en terrified by being told that masturbaon would cause insanity or produce some her dire effects. It is now known that this pure superstition. According to most scitific authorities today, masturbation proices no ill effects whatsoever on a boy's notional or physical development, unless is shamed and made to feel guilty about it. It is unwise to attempt to set limits on the quency with which a boy masturbates. e will masturbate as often as he feels the ed to do so. Boys differ more in their sexl needs than in almost any other aspect of eir development. Some boys masturbate reral times a day, some once a week, and a v boys may masturbate very rarely, or not all. Probably the best policy for parents adopt is to let the boy understand that ey accept masturbation as a normal part growing up, and nothing to be ashamed If parents question a boy about his masturbatory practices, he will almost surely resent this invasion of his privacy, and he may develop feelings of guilt and anxiety which can actually handicap him in his more mature sexual relationships later on.

Girls masturbate too, especially at this age, and the same tolerance and understanding should be shown to them as to boys.

The Fatherless Boy

Due to divorce, separation, or death, many mothers find themselves in the awkward position of trying to be both mother and father to a boy. It is, however, quite undesirable for a mother to try to play both parental roles. The best way for a boy to learn how to behave like a man is for him to have other men to imitate. Therefore, it is important for the mother of a fatherless boy to find appropriate men to serve as models for the boy. Grandfathers, cousins, uncles, family friends can all help provide a father substitute of sorts if they see the child often. Sometimes a fatherless boy passes through a stage of hero worship in which he idolizes a male teacher, scout master, club leader or neighbor. This is a normal part of his development. Many communities provide mature male guidance for fatherless boys through organizations such as the Big Brothers, Police Athletic League, and 4-H Clubs. Summer camps give fatherless boys a chance to associate with male college students who serve as counselors. In some cases, boarding schools may be advisable.

The fatherless boy needs to be encouraged to meet and play with other boys. The mother should ensure that he has the opportunity to join in their activities. A boy surrounded only by women through his growing years may have difficulty in assuming a



M. Forsyth/Monkmeyer

Mutual understanding is good for both the girl and the boy.

masculine role if he is not provided with one or, preferably, several friendly mature males he can admire and imitate.

Naturally, a girl needs two parents too, but girls seem better able than boys to compensate for a missing parent.

Boys and Girls Should Be Told About Each Other Too

Both boys and girls need to know something about the other sex. Girls need to know not only about their own new tensions and sensations but also about the more as-

sertive sexual tensions that boys experience. Boys need to know not only the fact of menstruation but its relation to child-bearing and motherhood. Secrecy about these matters at home can only lead to false information which children pass along to one another, to unnecessary anxieties, to embarrassment and humiliation. A warm, simple honesty at home encourages good feelings and leaves the door open for boys and girls to turn to their parents, rather than to others, when they are troubled.

Early Starters and Late Starters

It is always painful to feel that one is different from other people, but it is most painful just before and during the teen years. Yet natural patterns of growth bring about some of the most uncomfortable differences for boys and girls during these very years.

In a single group of twelve-year-olds, boys and girls, every one of them may have reason to feel painfully different. One girl, well along in her growing, feels that she towers over the others, including the boys. Another girl has suddenly become plump and feels herself as big around as the circus fat lady compared with her classmates. Another, on the other hand, may be woebegone because she still feels just a child if she is behind her friends in menstruating or developing breasts.

One of the boys, an early starter, is self-conscious about the dark fuzz already showing on his face when all the other boys are still smooth-skinned. Another, not yet begun on his way to manhood, is small, thin, high-voiced, and feels himself scorned as a little boy. At some stages, children of the same age may be as much as five years apart in

physical development, and yet all are developing normally.

In a year or two or three, all these unevennesses usually iron themselves out. The little boy may tower over his classmates, the early developer will find his friends envious if they are not yet shaving, and the tall girl and the fat girl and the undeveloped one will each have achieved a reasonably comfortable feminine figure or be on the way to it.

Meanwhile, it still hurts to be different. Parents can sometimes come to the rescue of wounded feelings. The early starter and the late starter should both be reassured that they are all right, that nothing is wrong with them, and that each person's growth takes its own course.

The late-starting girl usually suffers least, and the late-starting boy may suffer most from these temporary differences. For the boy who remains short and childish while his friends shoot up all around him, this is tikely to be a bad time. Fortunately there are usually some other boys around who are suffering from the same delay. Meanwhile, nowever, the small or slender boy may lose interest in games and sports because he cannot keep up with his mates, and he may be lonely and withdrawn as well as anxious about his apparent failure to grow in height and muscular strength.

Knowing the facts about growth and individual differences can do much to reduce his anxiety, especially if he sees that his parents are not worried about his growing. Since a tendency to develop late is often a family rait, a father or uncle may be able to recall hat he too was the smallest boy in his class

right up to high school.

Such a boy may need some encouragenent about getting into games, though.

After-school groups and summer camp vacations often tide a boy over these years until he can compete on equal terms in school and in his neighborhood. A sympathetic father who has time and interest in some individual skill can be a good companion to his boy, going out with him on a Saturday for a game of ball-throwing or batting practice, swimming and rowing, or keeping up the boy's interest in some other sport that the father also enjoys.

How to Handle Special Adolescent Troubles

During this time, when boys and girls, especially girls, become acutely conscious of how they look, they may also suffer from some additional troubles peculiar to adolescence.

Pimples or Acne

Adolescent acne-pimples-is one of the common difficulties and a very upsetting one. To have a blotchy broken-out skin is never agreeable, and some adolescent suffer quite bad cases for several years. One of the first precautions is frequent face-washing with soap, and frequent shampooing, since it is the excess of oils often produced in the skin at this time that contributes so heavily to acne. Exercise, sunshine and fresh air sometimes seem to help. "Junk" and fried foods, chocolate and sweets have long been called causes of acne, but there is little evidence they are at fault. It is important for boys and girls to avoid touching their faces and squeezing pimples.

A girl or boy who is troubled by acne really suffers and is entitled to help. It is wise, however, to beware of patent preparations that may help, but sometimes harm.

Get the advice and help of a reputable doctor who can recommend effective soaps and skin cleansers and safe preparations that help to control the outbreak of pimples and protect against infection. Some of these preparations also act as a cover for blemishes and thus give a comparatively smooth look to the skin.

Painful Periods

A girl who suffers annoying discomfort with periods is also entitled to a doctor's help. He may recommend special exercises to relieve the congestion that causes cramps. Constipation around the time a period is due is fairly frequent, and this too can cause discomfort. Plenty of exercise and a wholesome diet, including a sufficient bulk of raw and cooked fruit, raw vegetables and salads, can help overcome a tendency to constipation.

Posture Difficulties

The uneven growth of the body, along with feelings of awkwardness and self-consciousness, often lead teen-agers into bad posture. Appealing to a slouching daughter or son to stand up straight usually falls on deaf ears. When a girl feels too tall, or is self-conscious about her early development of a bosom, she feels she has to slouch. When a boy thinks he is all arms and legs and big hands and feet, he can hardly avoid trying to make himself less conspicuous by stooping and shambling. Good health, good diet, plenty of fresh air and exercise all encourage good posture. But even these cannot always overcome the teen-ager's self-consciousness.

Often members of the family are the worst offenders in calling attention to the awkward stage of a boy's or girl's growth. Meaning no harm, a father will make a joke about his

son's big feet or the arms hanging out of his sleeves. Or a mother will introduce her tall daughter with an apologetic comment about how "she's beginning to tower over all of us." The same father and mother, quite unaware, may be nagging the young person day and night to "straighten up, can't you?"

The best antidote is not constant reminding but *pride* in the signs of approaching manhood or womanhood. When his father comments pleasantly on his height—"I think you're going to be taller than I am, son—" a boy unconsciously straightens up to show how tall he really is.

When a mother shows her pride in her daughter's development, and makes her height sound like the beginning of a lovely woman, the girl is encouraged to stand tall and walk with grace, or learn to do so. The old-fashioned method of asking a young girl to walk with books on her head to develop good posture and a smooth walk has been revived by some mothers and has had good results when it has been done as an amusing family game and not as a gibe at the poor posture of one member of the family.

Self-consciousness about a bosom developing early can be overcome if a mother makes a happy occasion of a trip downtown with her daughter to see her properly fitted with brassieres. Every occasion on which parents can quietly show their pleasure and pride in their teen-ager's new look, and help the boy or girl make the most of the good points and the least of the poor ones, acts as a remedy for adolescent slouch.

Community Groups for Teen-Agers

Parents of teen-agers will find that their

church or other community group can do a great deal to channel the energies of teenagers into constructive activities.

Simply transferring the teen-age activities to a church social room or community center may not do, however. The young people are likely to feel they are there to be watched and restrained. Even though they may only dance and drink soda pop, they do not enjoy being watched by adults.

But a worthwhile project that enlists their talents or their sympathies can bring them together without resentment. A dramatic group, a cooperative effort at raising funds for an appealing cause, a group engaged in forum discussion on interesting subjects, are attractive to many young people. Square dances, tennis tournaments, swimming parties offer them wholesome activity as well as enjoyable social times.

Instead of worrying about their teenagers, and harrying the young people with criticism of the ways they choose to enjoy themselves, parents should realize that these boys and girls have a great capacity for work, imagination, and ingenuity. Some have many talents that are hardly used. They are capable of great cooperative effort. They long to participate in the great world beyond home.

Whenever a community has made an effort to draw its teen-agers into useful participation, a gratifying drop in accidents and misbehavior has usually resulted. Recognition, appreciation, the feeling of being needed and valued, the sense of belonging, are of prime importance to these nearly grown-up children. When they are ignored they have no choice but to find other satisfactions for their needs. Some of them are bound to fall into unwise pursuits. Pure

boredom, too, can push young people into reckless behavior.

Youth organizations of many kinds are available to boys and girls. There may be some in your community that would be interesting to your teen-ager. Belonging to a club or group has many advantages for them. They meet friends with the same interests. They become acquainted with an adult, perhaps more than one, who is sympathetic and understanding about young people's feelings and needs. They have an opportunity to enter into activities that are satisfying for now and may lead to long-term interests in the future. Young people who have difficulty making friends, or who live too far from school to be able to take part in after-school activities and visiting back and forth, often find what they need in an organized youth group.



4-H Clubs

For boys and girls who live in farming or rural areas, the 4-H Clubs offer companionship and fun as well as interesting activity. Any boy or girl between the ages of ten and twenty who lives in a rural area is qualified to become a member. The young person is required to take part in a project. This may be a farm, home, or community activity, and

it must have the value of being done with competent scientific methods.

Boys and girls of the 4-H Clubs may raise a calf or hog or sheep or some kind of poultry. They may grow a vegetable garden or a particular vegetable or grain. They may undertake to can, quick-freeze, or otherwise preserve certain foods. Home nursing, farm engineering, the marketing of farm products, making clothes or equipment are all possible 4-H projects.

The clubs, as well as their projects, are supervised by county extension agents whose main duty is to bring to farmers scientific and technical knowledge and advice. The club leader is a qualified member of the community, a farmer or farmer's wife, the minister or doctor or lawyer or storekeeper, trained by the county agent.

Many mothers and fathers volunteer for club leadership. Others, who may not participate directly, show their interest by taking pride and pleasure in the 4-H Club work their boys and girls do. At local and county fairs the 4-H Clubs have an opportunity to show their products and livestock and to win prizes.

The clubs make a point not only of scien-



tific methods and practical experience, but also of appreciation of the country's natural beauty and resources and finding ways to improve farm living and working conditions. One of the notable achievements of the 4-H Clubs is in showing the children of farm families the advantages of staying on the farm instead of leaving it for city life and doubtful city employment. The clubs encourage these young people to go to agricultural colleges to learn how to be better farmers and farm homemakers.



Boy and Girl Scouts, the Y's and Other Groups

Youth groups in town and city usually include one or several of the Y's, a church group, a community youth center, and possibly other local groups. Boy and Girl Scout groups and Camp Fire Girls extend their activities into the teen ages in a program that meets varied interests. The Y's and local branches of other national organizations offer quite a wide program of education, community work, and social life. Teen-age girls who go to the Y may learn sewing, typing and other business skills, cooking and other home arts, dancing and swimming. Teen-age boys go in for team games, swimming instruction, and a variety of skills and handicrafts. Dances and parties for boys and girls are encouraged by both Y's. In a community center the activities and program depend on the resources and energies of the community and the teen-agers themselves.

Young people may need a little help in finding their way to a group. A timid boy or girl does not readily seek out new situations.

Often those teen-agers who most need direction and could benefit most from an organized group are likely to scorn a club as too restricting — "sissy" or "goody-goody" stuff. Parents who would like their boy or girl to become interested in a particular group will



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have to be tactful in the way they suggest the idea if they want to succeed. Sometimes by becoming interested in the organization themselves, mothers and fathers are able gradually to interest their children. With other teen-agers parental interest will send them flying in another direction. In general, parents have to play such situations by ear.

Yoga Can Be of Help

Many young people — and their parents too — find Yoga of great help, especially at this time, in achieving physical, emotional and mental balance. We have been fortunate in obtaining the following article from an authority on the subject.

Yoga for Mind and Body Development

by Ma Yogabhakti Founder-Director Sivananda Ashram

Children between the ages of 10 and 16 undergo rapid physical, emotional, and mental changes. This period of rapid growth is demanding not only to the child but also to the parents who at this time must exercise maximum guidance and responsibility for the best maturation of the child. By creating an atmosphere that is secure and warm, the home environment can enhance the flowering of the child. In recent years Yoga has become a new and enjoyable way toward healthy and happy growth in American life.

Through certain physical postures and breathing exercises the body and mind are helped to become healthy and strong. In such a framework the child matures steadily

and to his full potential.

Yoga is fun for children and an excellent way for the child to move in harmony with the laws of nature: stimulating the mind, and keeping the systems of the body in such good condition that diseases and inner tensions are guarded against naturally.

Children, being limber and agile, soon pick up the movements and physical postures of Yoga, and their parents, while encouraging the child to practice, find themselves benefited too as they demonstrate the exercises.

Yoga exercises are different from the physical exercises usually taught in school gym classes because the Yoga program trains the mind as well as the body. Movements are slower, involving control and grace, allowing great emphasis on concentration and awareness so that the mind is steady and calm. This integrated practice of bodily movement, mind concentration, and breath control benefits, therefore, not only the muscles and joints, but the glands, organs, and great systems of the body as well.

Your child will enjoy learning the Headstand (Sirshasana) that strengthens the vertebral column, sending fresh blood supplies to the brain and nervous system and toning various glands. This is intended to increase

memory and will power.

Your child can also learn the Cobra (Bhujangasana), the Locust (Salabasana), and the Bow (Dhanurasana), three outstanding postures for toning the abdominal organs and

digestive system.

There are a great many exercises that are fun to do and rewarding to practice. One in particular, the Salute to the Sun (Suryanamaskar), is an exercise famous the world over, practiced by thousands of Indian children and grown-ups as well. Many Europeans and Americans have recently adopted it. It is a practice of twelve postures to be performed one after the other in sequence, with grace, concentration, and smoothness of movement. In these twelve positions all areas of the body and mind are benefited. It is recommended for young and old, and is presented for you on the next page.

Yoga is considered by its followers to be a science. It is spreading quickly, moving with amazing rapidity over the Western World. It greatly benefits the thousands of children and adults who practice the Yoga postures daily. Educational leaders in the United States are showing considerable interest in incorporating these exercises into the Public School System, An increasing number of doctors are recommending them for their patients. Psychiatrists too are recognizing the benefits derived from the Yoga techniques of mind training and deep relaxation.

You can start your child off on Yoga exer-

cises from the age of seven. You can find a helpful pocket book* or beginners' manual to guide you. You may also want to attend a reputable Yoga Institute for classes if there is one in your area. For information in locating a Yoga class you may write to: Ma Yogabhakti, Founder-Director, Sivananda Ashram, 205 East 77th Street, New York City; and she will try to put you in touch with your nearest center.

* Yoga Asanas, by Louis Frédéric.

THE SALUTE TO THE SUN



HAI palm eyes

POSITION 7— Flatten body to floor. IN-HALE. Press down on palms, and bend backward eyes looking upward.

POSITION 8—
EXHALE. Lift body with straight legs, raising buttocks high and dropping head, pressing chin to chest.

POSITION 9—
INHALE. Bring right leg forward in one giant step, placing foot between palms. Arch back, look up, and keep left knee on the floor.

POSITION 10— EXHALE. Bring left foot forward to meet right foot, knees straight. Bend forward until head touches knees and hands are in line with feet.

POSITION 11— INHALE. Raise arms over head and bend backwards.

POSITION 12— EXHALE. Press palms together, thumbs touching heart, shoulders relaxed, eyes closed.



This is adolescence: informal clothes, a budding interest in the opposite sex, a long look into the future, secret doubts, rosy hopes, and wonderful dreams.

S. Shelton/Monkme

Chapter Fourteen

The Teen Years



Those Troublesome Adolescents

Quite literally the word "adolescent" means "becoming adult," and, as we all know, that isn't easy. Indeed it is likely to be hard on everyone concerned.

We hear so much, especially lately, about "the trouble with adolescents" that parents cannot be blamed for approaching this stage of their children's lives with anxiety to say the least. Actually, however, the great majority of teen-agers in America are not the unkempt, shaggy-haired, revolting crew we hear so much about. Many are neat, clean, well-behaved, patriotic, and religious. However, it is not unusual for boys and girls who have been "model children" during adolescence to get into trouble later on. In other words, it is more normal to be rebellious during adolescence than not to be.

But if your boy or girl, having reached this stage, is creating turmoil, however normal it may be, you are probably in for a time of frustration and difficulty. There are, however, two comforts we can offer you: (1) It doesn't last forever, and (2) Many of the world's great ideas and great reforms were generated by the original thinking, the vision, the compassion, and the emotional energy of idealistic young

people who had to go through initial periods of turmoil.

The Generation Gap

There has always been a great gap - in behavior, in thinking, and in adjustment to society - between the older and the younger generations. But the gap is wider and more unbridgeable today. That is partly because more of the population are teen-agers than ever before. This gives them more power financially and in many other ways. Their concern is greater for those who are disadvantaged because of poverty and discriminated against because of race or color. Also, this generation is the first one to live in an age of television, technology, and space exploration. Finally, in their rebellion against what they consider unfair wars, unfair social distinctions, unfair economics, and the smugness, hypocrisy, and authoritarianism of their elders, their point of view is being listened to by conscience-stricken adults.

We parents and teachers are confronted, therefore, by a situation entirely new in the history of adult-adolescent relationships. We must re-assess our own values and rethink our attitudes toward the behavior of teen-agers. Are we, as they accuse us: Smug?

Hypocritical? Snobbish? Materialistic? Prejudiced? Militaristic? Authoritarian? If so, we had better first, decide whether or not we approve of ourselves as we are, and second, realize that even if we do our teen-agers may have good reasons for disapproving of the traits in us that they deplore.

The Teen-Ager at Home

The teen-ager often seems not to hear when his parents speak to him. Actually he hears well enough but does not seem to care, or else seems to use everything as a chance to do battle. Tempers rise and tears flow easily during these years. Parents in their anxiety about their young people are also often on edge. The result is that living with a teen-age boy or girl frequently seems like living on the edge of a volcano.

Most of the battles arise about trivial matters: daughter's shoes in the living room, son's tennis things all over the house, tasks left undone, not helping with work around the house, not coming on time to meals. More serious issues, such as being home on time after a date, using the family car, spending too much money, showing too little respect for parents, also cause explosions.

The truth is that a big issue usually underlies every encounter, no matter whether the immediate cause is big or small. The strong need of these boys and girls is to be recognized as adults free of parental authority. This is what they are usually fighting for, whether the question is doing the dishes right now or going out with the crowd to a place of entertainment that the parents have ruled out of bounds.

This need to be treated as grown-up does not really have to be a sore point between parents and their teen-agers. It can just as readily be a force for good relations in the home. The effort to make it so, however, does not usually come from the young peo-



Telephonitis, the chronic ailment of most teen-agers.

S. Shackman/Monkmeyer

ple. They are too busy fighting for their rights and too much involved with their own inner confusion about just how grown-up they are. So it is up to parents to take the first step, and many more steps, toward smoother living.

You may have seen how grown-up and capable your teen-age boy or girl can be at times. If there has been a family crisis, you know that girls and boys of this age can take over with amazing competence. But they cannot keep this effort up for too long. They are not, after all, entirely grown-up.

Yet the real competence and the good sense are there, and should be respected and counted on by the adults in the family. A young person who has been given a voice in making a decision is also interested in seeing it carried out. If the teen-ager has helped make the decision to save money for a family vacation, that boy or girl is usually willing to pitch in and save money along with everybody else. Teen-agers can make real sacrifices for someone they love or some cause they consider worthy. Indeed, parents should be careful not to ask too many sacrifices of their older children, whether for the younger ones or for themselves.

Teen-Age Habits That Worry **Parents**

Irregular sleeping and eating habits, improper food, disregard for cleanliness these are only a few of the habits parents deplore in their teen-agers. And they deplore them on the ground that they are ruinous to good health. Probably so. Teen- cold cereals with bananas or fresh berries in agers tend to get up late, after too little season or canned or frozen fruits at other sleep, and rush off to school without times of the year, a pitcher or container of breakfast. Then, ravenously hungry, they milk that is passed around the table to

will fill up on candy bars, soda pop, icecream, french fries, hot dogs, pizzas, and questionable hamburgers. They scorn our concern with their physical health. Some even take drugs, contending that marijuana is no worse than the cigarettes and liquor that many of their parents consume. (Whether or not it is, adults' indulgence in tobacco and alcohol makes them very vulnerable to attack.)

Actually, girls and boys in their teens are in great need of good health care. Yet, what are parents to do when reminders are ignored, requests scorned, and orders met with rebellion? What they can do, if they do it tactfully and without comment, is to provide a wholesome home environment as a matter of course. In a family where regular, well-balanced meals and generally good health habits are an established thing, teen-agers usually do not go too far astray - not for long anyway. Knowing that the refrigerator will be raided by your youngsters and their friends, you will be wise to have it well stocked with milk, fruit juices, tomatoes, raw celery and carrot sticks, fresh fruit, and the makings of good wholesome sandwiches - the kind of makings that provide the proteins, minerals, and vitamins so necessary to good health and growth.

Breakfast is not so likely to be a problem when the whole family sits down together to a pleasant meal, as when it is eaten cafeteria-style and on the run. A platter of eggs from which father or mother serves everybody, a bowl of well-cooked hot cereal ladled out to everybody, or a variety of everybody – plus a little friendly and interesting conversation instead of reminders and rebukes – all this, if it can be managed, may encourage the teen-ager to eat a good breakfast.

Of course there must also be time for breakfasts like these. How to get the high school boy or girl up in time is another problem. Small children are notoriously early risers, but when children enter adolescence, many of them begin to experience great difficulty in waking up in the morning. This does not necessarily mean that they have suddenly become lazy, but merely that they are entering a new phase of their development which is perfectly normal. Many adolescents will gradually outgrow this morning drowsiness, some never will.

Fathers can be a real advertisement for breakfast. If a girl is likely to be greeted by her father with a compliment — "I like that color on you, Janey"—she might conceivably think it worthwhile to get to breakfast in time to see him. If a boy gets a chance to talk about something that interests him — "Who do you think will pitch for the Mets in today's game?"—he may obey the alarm clock's summons instead of merely turning over for another doze.

Social Life in the Teens

When your son begins to comb his hair and shine his shoes without being reminded, when he goes to the barber for a haircut without being told, when he begins to fuss about the crease in his pants and stands for long minutes choosing a tie, a new life has begun. He has become interested in girls.

The signs with a girl are not always so

clear, though they are likely to begin earlier. She may have begun examining herself critically in the mirror long before she had any idea that a boy would look at her. Also, there may just not have been any boys around worth fussing for. The boys in her class are too young for her to bother with. And the boys in senior high school or college, no matter how hopefully she eyes them, have no eyes for her. This is the sad complaint of many girls in their early teens.

Many a young teen-ager, boy or girl, is lonely. Many a boy or girl does not at once find a group of friends, a rush of dates, a round of parties and dances. Boys and girls would like to get together but often they do not know how.

Parents can give a hand at this point. The boys are shy, but a girl can give a party. Church bazaars and community events are good occasions for teen-agers to be asked to help. They can work together at setting up and decorating booths and tables, can sell in the booths and serve at supper. When boys and girls are working together, shyness is overcome and friend ships have an opportunity to grow.

Parents need to guard against pushing their teen-age children, however. Too much attention to clothes and hair-dos, too many questions about boys, too many suggestions about parties can give a girl the feeling that if she is not popular she is a failure in her mother's eyes. This will either depress her or make her break out in rebellion.

This is when a mother should give practical assistance to her girl and also some pointers on what makes a girl attractive: A warm friendly personality, a willingness

to listen and admire rather than to show off and be admired, often make a girl more attractive than mere prettiness.

When your girl is pretty, there is a different hazard. Many pretty girls rely so much on their looks that they take no trouble to be good fun or good friends, or interesting or sympathetic companions. They have not yet learned that to have friends, one must be capable of being a friend.

A boy's problems during these years

mostly have to do with having enough money for dating and when he is old enough for a driving license, having the use of a car. Parents can talk both subjects over sensibly and understandingly with their boy. An increase in a boy's allowance, or an opportunity for him to earn money, can strengthen his confidence with girls.

"Going Steady"

The custom of going steady gives many



A pleasant boy-and-girl relationship in the teens.

that they become impatient for these adult home without breaking up the party?" experiences themselves. To be in love is to With a friendly reasonable question of smoking were such signs in our day.

the situation. When a whole community reasonably expressed, may have some effect. of young people follows the custom of "going steady," one boy or one girl cannot change the pattern. Parents can help, however. Parties can be planned for lively active fun instead of for uninterrupted twosomes. Many boys and girls, who now have no alternative but to go along with an established custom, would welcome help in avoiding its dangers and disadvantages. Some, on the other hand, will not only go steady but indulge in sexual relations. Whether or not this will result in disaster remains for the future to prove.

Rules and Limits

Once their teen-age children begin to go out, parents have a new set of anxieties. They worry about where the boys and girls go, whom they go with, how late they stay out, and what they do. They think about drinking, about drugs, about sex, about all the teen-age excesses they have read about. But when parents are open-minded and

parents anxiety. They feel that there is a willing to go halfway toward understanddanger of serious attachments being formed ing their children, at least they can find a before the young people are emotionally common ground for discussion. "I want mature enough to make a wise choice of a you home at midnight, no matter what mate, and certainly before they are eco- time the others go home!" may be what nomically independent and ready to marry. parents would like to say. But an approach Boys and girls today see and hear so more likely to get results is "What is the much about love and romance and sex, closest to midnight that you can start for

them a sign of being grown up, or "so- this sort, parents can get a picture of what phisticated," just as early drinking and the young people actually plan to do, where they are likely to go, how late they Mothers and fathers who see danger in are likely to be. Even if, in characteristic their teen-agers' behavior when they "go teen-age style, their boy or girl protests at steady" feel helpless to do anything about having a limit set, the opinion of parents,

Many Teen-Agers Welcome Limits

Reasonable rules and limits are actually welcomed by most teen-agers, although they would suffer torture before admitting it. Much as they demand to be treated as adults, they know quite well that they are not yet adults and are not ready to take full responsibility for their behavior. When their own controls get out of hand they feel uneasy and guilty. They need their parents to help them avoid conduct that goes against their own better judgment. When a whole crowd is going in for late hours, wild driving, and unwise escapades, it would be sensible for all the parents of the group to get together and bring their combined authority to the aid of the young people's own consciences. Teen-agers resent and often reject the authority of their own parents, but they are likely to be grateful for limits set by a group of parents, their own and their friends.

Feelings Must Be Considered

The dignity of teen-age boys and girls matters intensely to them, and so does their personal privacy. The meaning of what you say may be sound and wise, and your motives may be the best. But when and how you say it makes a great difference in the way your words will be received.

Many a boy would cheerfully tell his parents where he goes and what he does of

an evening, when he and they are having a comfortable, friendly talk. But he may feel humiliated and resentful if questions are put to him at the very moment he is on his way out of the door to a date, as though he had to submit his plans for approval before he could be allowed to go.

A girl may be very glad of an opportunity to talk with her mother about boygirl relations. She may even ask how one can say "No" without hurting a boy's feelings or becoming known as a prig. But to



These teen-age boys and girls are enjoying themselves as a foursome without "going steady."

8. Sheiton/Monkmeyer

be met at the door when she is saying goodnight to her date, and reminded in his presence that it is getting late, is a blow to her hard-won poise with a boy. Girls and boys tend to withdraw their confidences from parents who seem to have so little regard for their feelings.

Parents' feelings at these times are likely to be complicated, too. The rules they try to enforce may be stricter than necessary out of the unconscious wish to keep their boy or girl a child for a little longer. It is hard to let our children go.

Fathers are known to experience a special pang in relation to their daughters. In a loving father's eyes no boy is really good enough for his little girl. A father must often make a special effort to be polite to his daughter's boy friends, and to refrain from criticizing them, even when she is going out with boys of whom he has good reason to disapprove. If he has been disapproving of everyone she goes out with, she is not likely to take his opinion seriously even when he is right.

Sympathetic Understanding Helps

When your high school boy or girl comes home with some big piece of news — a great game, a class election, a part in a play — or with a long face and some disappointment or grief, it is not the moment to scold about coming home late to help get supper or to give an order about some chore neglected. A little sympathetic understanding may sometimes help. But frequently teen-agers just want to brood. When they do, it is wise to leave them alone.

Your teen-age daughter is more likely to do the food shopping cheerfully if she

knows you consider her a good shopper than if getting the shopping done is a tiresome task that is expected of her, and she gets no thanks for it. Your big boy is proud to drive Grandma to the doctor if he knows you take pride in his good driving, and also if his attentions to Grandma are not taken for granted but are really appreciated.



It is not always hard to win the teenager's cooperation in money matters, errands, household tasks, and the many aspects of living together. Naturally you cannot expect a perfect score. You would not expect a perfect performance even of a grown-up, yourself included. But if you take the first step in being considerate, and your big boy or girl manages to meet you halfway, you will feel better about the omissions and life will be pleasanter for everybody.

It is important to the teen-ager to be treated fairly and to have time to himself. To be constantly on call as errand-runner, fixer, baby-sitter, and general chore-boy or chore-girl can drive a young person out of the home simply in search of time and freedom from parents' demands.

When the family really needs their services, teen-agers usually understand and co-

operate. They have a right to equal consideration in return.

Teen-Agers in the Kitchen

Boys and girls in their teens often help in the kitchen, but they are usually given only the least rewarding jobs. Meals are not made more attractive to them by the knowledge that they are going to have to wash the dishes afterward. Yet doing the dishes is the children's job in many families.

Parents faced with the daily need to

plan menus and prepare meals should welcome an assistant, especially one with new ideas. Most teen-agers enjoy helping with this part of the meal if they are not ordered around, if the time for planning and preparing meals is fitted into their busy days, and if they are allowed to do some creative cooking.

Helping to cook dinner itself and get it on the table can yield happy hours for both parent and teen-ager. Besides the longterm emotional value of sharing a satisfying



Doing household tasks together can help to keep the relationship between mother and growing daughter a happy one.

J. Keating

experience, this is a good way for teenagers to learn a great many practical skills that they will be glad to have when they are responsible for making their own meals. This will help the teen-agers' health, too. They learn about balanced meals, basic foods, vitamins, minerals, and calories in a way they can enjoy.

But the parents must cooperate by being willing to experiment and to try their teen-ager's new ideas, by being patient when things don't turn out just as they wanted them to, and by appreciating the freshness, energy, imagination, and intelligence that the teen-ager can bring into the home along with the casualness.

Jobs for Teen-Agers

Whether or not they have worked at jobs before, at about the age of fifteen many boys and girls want to get a "real job." They may have been earning money right along by running errands, making deliveries, or baby-sitting, but these occasional or free-lance jobs are not the same thing. What the young person wants, at about his mid-teens, is the steady grown-up responsibility and reward of a week-in and week-out job he can work at and be paid for.

Parents are well advised to encourage this impulse, even though when their teenager has a job they will be deprived of many of his services at home. Saturday, up to now his day off, will probably be his big day on the job, especially if he works at a store, a filling station, or some other place that caters directly to the public.

The money they will earn is naturally of great importance to teen-agers. They want and need money to spend as they like. Even with a generous allowance, high school boys and girls usually feel they need more money. They can feel seriously left out of things if they do not have money for concerts, class events, tickets to games and dances, and the other expenses that high school activities may demand.

Girls and boys often want to buy records, clothes, jewelry or other things that their parents think unnecessary or simply cannot afford. Telling teen-agers they do not need something is rarely convincing. They may actually need the article, either to keep up with their friends or bolster their own uncertain self-confidence. Whether or not they can justify this need to their parent, it is still a powerful need. To meet such needs with their own money, without having to ask a father or mother, is good enough reason for wanting a job.

But a job does more for teen-agers than provide them with money. It is a specific challenge in which they can test themselves in the grown-up world. It is a clearly outlined area in which they, and they alone, are responsible. It is a situation in which they are not children but individuals judged on their merit—and able to judge themselves on the same basis too. The little jobs they may have done up to now are, in their eyes, kid stuff.

What kind of job your teen-ager should seek, what a high school boy or girl can get in your community, what hours a young person still going to school should work—all these are serious questions to be discussed with the young person. In some schools there is a job counsellor. Children who live in a city may be able to consult an employment agency for part-time work. Even with these aids, parents can be of

S. Shelton/Monkmeyer



This lad earns
pocket-money
by mowing lawns.

great help to their boys and girls in gathering information about jobs and in bringing their experience and mature judgment to bear on the problem.

When a Teen-Ager Wants
to Drop Out of School
Some young people want to give up

school for a job. Usually this impulse has something more behind it than just impatience to go to work or to earn a living. Some sense of dissatisfaction or failure in connection with their school work or their school friends is usually at the bottom of it. Since schooling is so important these days, it is most advisable for a young person to graduate from high school. Parents

need to take a careful look into the school situation to see what is wrong. Discussion with the principal, teachers, the school guidance counsellor, should throw light on the difficulty.

If a boy or girl is getting consistently poor grades, the school work may be too hard or not fitted to this particular pupil's abilities. Many a young person with mechanical or artistic gifts or a manual skill becomes discouraged with school work that does not give these abilities a chance to develop. A change of courses or a different school may be the answer.

The young person's social dissatisfactions are often harder to discover. A boy may feel he is not liked, not a good enough dancer, not good looking, not popular with the girls in his school. He may feel he does not have enough money to keep up with the others, a very real problem for many boys in a neighborhood of generally comfortable homes. A girl may feel unpopular, unattractive, not well enough dressed, or unsuccessful for many reasons. Young people can feel dejected if their own homes are not as fine as those of their friends. The cliques, fraternities, sororities, and secret societies that exist in many high schools can cause deep unhappiness among those who are excluded. Anything that makes a boy or girl feel different, an outsider, may be enough to discourage keeping on with school.

Besides the young person's own feelings, there may also be the question of whether the family can afford to have the boy or girl continue in school.

When it is at all possible, it is desirable for young people to get all the training they can before they go out to full-time

work. It should be made clear to them that the good jobs, the jobs that offer interesting work, good pay, and opportunities for advancement, demand considerable training. Not leaving school, but finding the kind of schooling that will help them toward these jobs, is the wise step.

When a young person cannot remain in school for family or other reasons, the will to go on studying and improving both general education and special skills can still be encouraged. Night schools and extension courses of many kinds are available. Young people who cannot afford to pay for schooling should investigate the many city and state university courses that are free to residents. Many kinds of scholarships are also available for special study, as well as for college.

Dental and Medical Check-ups

Most important during this period is the regular medical and dental check-up. Since boys and girls in their teens make such a bid for independence and the right to be responsible for themselves, they can be made somewhat responsible for this aspect of their health care. The doctor and the dentist can be asked to keep track of the young people's examination time and to mail their notices directly to the boy or girl.

Many dentists follow this practice. A dental examination every six months is considered the minimum for good dental care for everyone. During the teen years, and especially for young people who seem to suffer more tooth decay than the average, the regular visits might well be as often as every three or four months.

Early attention to small cavities can save teeth for many years to come. Regular visits to the dentist during these years are also important to correct the irregular placing of teeth. When teeth come in crooked they need to be watched to see whether they are straightening out by themselves as the jaw grows, or whether they will need straightening.

A thorough examination by the doctor at least once a year is essential for a teenager whether or not he or she seems to need a medical check-up. The doctor can often do a great deal for boys and girls that parents cannot do. He can explain the need for good diet, rest, and exercise in a way that impresses the reasons for good health habits on their minds.

In his regular examination the doctor can take care of necessary vaccinations, inoculations, and general health needs. He can also uncover any physical weaknesses and defects in their early stages, and take steps to correct them. Some of these may be affecting the child's energy and disposition as well as his health.

Thoughtful parents should insist on an annual medical check-up for their children. Fortunately, this is required by most schools.

Some parents are too concerned about their children's health and they will fall into an attitude of hovering anxiety which is almost as bad as neglect.

When parents decide by themselves to restrict their teen-ager's activity, the restriction itself can be psychologically and emotionally damaging.

If there is any question about your teenager's health, it should be checked by the doctor.

Dieting Problems

Teen-age girls are fond of talking about going on a diet. Many of them limit their dieting to talking about it, and dreaming about the beautiful figure they would like to have. Now and then, however, a girl does go on a diet or goes from one diet fad to another, and some girls diet so rigorously or unwisely that they damage their health.

The girl or boy who is deeply unhappy about it needs help. A glandular deficiency is sometimes part of the reason, but over eating is almost always the main cause. A

M. Forsyth/Monkmeyer



With many teen-agers food is either a feast or a famine, depending on the mood of the moment.

good diet prescribed by the doctor is needed, but frequently diet alone is not enough to help. Behind the abnormal appetite, there is likely to be an emotional cause of some kind.

Boys and girls, and adults too, overeat out of many kinds of hunger that are not physical. They need more love or more attention or more recognition than they are getting. They need some feeling of success and some reassurance that they are worthwhile people. Some people overeat out of sheer loneliness or boredom. These are usually deep needs, of which the individual himself may not be aware. Parents can help a young person best by trying to understand that he has deeper needs, and by helping sympathetically with the practical matter of dieting.

The ordinary teen-age girl on a diet, however, is not really fat. She simply does not like herself as she is and would like to change. She may feel unsuccessful, unattractive, unpopular. A little more attention of an encouraging nature from her parents, and especially from her father, often gives such a girl the lift her spirits need. But when a girl is determined to diet she also





A. Devaney, Inc

This girl sees to it that she will have no weight problem.

needs her mother's watchful eye. Laying down the law, however—"You'll ruin your health by dieting!"— is not the way to help her. She will diet to show you she can do as she likes if for no other reason.

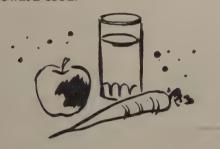
The best thing you can do is to plan the diet with your girl. Help her to figure out the proper number of calories for her—with the doctor's authority.

A diet high in proteins and raw fruits and vegetables, and low in sugars and starches and fats, can be a low-calorie diet and yet highly nutritious in the right directions. Incidentally, such a diet helps a teen-ager's health and complexion as well as her figure.

Some girls, on the other hand, try to re-

duce too strenuously, in the wrong way and for the wrong reasons. They let romantic notions of all kinds, including the dream of having a figure like a favorite movie star's, interfere with normal wholesome eating habits. Even when they are not trying to get thin or keep thin, many girls are negligent about their food, sometimes for no apparent reason.

With tact, but definitely not with scolding or nagging, a mother can sometimes win her daughter over to a wholesome attitude toward food.



Cigarette Smoking

The hazards to health of cigarette smoking have been so well publicized by the American Cancer Society and other health agencies that we can only urge, here, that their warnings be heeded. Naturally, however, if parents smoke they have no right to object if their teen-agers smoke. Indeed, the teen-agers will have every right to point out that marijuana smoking is no more harmful, and probably less, than cigarette smoking. In our opinion, anyone who smokes cigarettes today has a psychological problem as well an an ethical one.

Alcohol

Is there any way to keep a child from becoming an alcoholic? Does teaching him how to drink help? If so, at what age should a child be given his first drink? How can parents spot a potential alcoholic? And, if so, what should they do?

All these may seem premature considerations when just the other day your child was on formula. But attitudes toward drinking are formed at an early age. And it goes without saying that, if they know how, parents will do everything possible to prevent their children from wrecking their lives with alcohol.

What you teach your child about drinking is your very personal decision. Unfortunately, neither medicine nor psychiatry can offer any pat preventive program. Much about the disease of alcoholism still eludes science. But these few facts are known:

- Children who are most likely to drink heavily when they become adults are products of homes in which one or both parents drink. Children learn by copying adults. Anything which tends to glorify drinking as a basic ingredient of a wild good time is very destructive. When parents drink themselves sodden for fun, youngsters may follow their pattern. Parents who limit their intake to a drink or two before dinner are much more responsible parents. Where drunken behavior is not tolerated, and where people drink moderately, as among Old World Italians and Orthodox Jews, alcoholism occurs less frequently.
- Asiatics enjoy their liquor, but have few problems with it. This is because they drink only at mealtimes, they never gulp, and they treasure each drop. They do not drink alone and do not tolerate intoxication.
- The average American child has his first taste of alcohol about the time he is 14. He may start at seven or eight or as early as four, depending upon his family's cultural background. Age, however, is not as impor-

tant as the youngster's attitude toward drinking.

- Most Americans pressure their young people into growing up before they are really ready. They are put into tuxedos and evening dresses at ten and twelve and given cars as soon as they are old enough to get a license. No wonder they expect to drink like the adults in the party!
- Some students of alcoholism believe that one way to take the forbidden fruits appeal out of alcohol is to introduce it to youngsters in very dilute form when they are quite young. For example, one teaspoonful of light wine in a glass of water or soda. It is served on family occasions, usually at dinner. It is placed on the table matter-offactly. No special attributes of particular joy or sin are attached to it. Then, as the child gets older, the wine is diluted less and less.

On the other hand, some physicians and psychiatrists point out that alcohol in gradually increased amounts may build up a tolerance. But a tolerance will not prevent alcoholism. It can lead to the necessity for more alcohol by those who depend upon it.

Even a controlled introduction may push a child in the direction of becoming an alcoholic. Too many alcoholics become addicts after their first drink. However, they admit, it is unrealistic to believe that in our society anyone can be completely insulated from contact with alcohol.

In response, advocates of early indoctrination argue that it enables young people with tendencies to alcoholism to be spotted and treated—early. Early signs include: 1. drinking more and faster than one's peers, 2. resenting criticism of drinking habits, 3. depression or changes of mood after just one drink.

If you are a mother or father who can admit you or your spouse drinks too much, you know that for your children's sake as well as your own, you should be seeking professional help.

Drug Abuse

A 12-year old dies of drug addiction. More than 200 teen-agers a year die from drug abuse. For almost two decades, at least one highly respected U.S. Senator has spoken out against narcotics. TV specials and magazine and newspaper articles on the problem appear almost daily...yet very little is done.

In the very best, as well as the most mediocre schools, large numbers of students are expelled each year for use of drugs. Lectures on the subject help — but not enough.

The responsibility for the safety of each child from the unnecessary menace rests on the parent. If you want to keep your child from being hooked on drugs, indoctrinate him against narcotics, as well as cigarettes, while he is still young enough to listen. Learn all you can about marijuana, LSD, barbiturates, amphetamines, heroin, demerol, morphine. Acquaint yourself with the vocabulary of pot-users so that you will know what they are talking about.

And the time to start is now. Get professional help for your child's emotional problems if necessary. Know where he is at all times. See to it he has hobbies and wholesome extra-curricular activities that are interesting to him. Make your home as pleasant and welcoming as possible to his friends so that you can get to know them.

Write your Congressman, your newspapers, join anti-drug groups. Do everything you can to help abolish this threat to your children's future. Don't wait until your child gets the habit. We need stricter laws and stronger punishment for the gangsters who profit from drug abuse.

To help parents recognize the problem, here is a useful guide to signs of drug abuse:

Symptoms of Drug Abuse

Deterioration in school attendance, homework, discipline, and grades

Unusual flare-ups or listlessness

Poor physical appearance, peculiar odor on breath and clothes

Furtive behavior regarding drugs and posessions

Glue, cement, and pills of unknown origin stashed away

Inappropriate wearing of sunglasses to hide dilated or constricted pupils

Constant wearing of long-sleeved shirts to hide needle marks

Association with known drug-users

Borrowing of money from others to buy drugs

Stealing money or salable objects

Sneaking into odd places like closets or storerooms to take drugs

If you notice any of these symptoms in your child, discuss the situation promptly with his school officials, your physician, or, if necessary a psychiatrist who specializes in drug addiction. In no case is it more true that an ounce of prevention is worth a pound of cure. There is an Addiction Service Agency in many towns. Look in your telephone directory for one if you need it. If there is none, you can call the New York number (212-787-7900) for advice 24 hours a day, seven days a week.

Depression and Similar Troubles

Poor school reports are almost always a



This girl eats too many sweets because she is lonely.

sign of some kind of trouble. If a pupil fails consistently, defeatism sets in and trying no longer seems worthwhile. Special tutoring help is recommended if one particular subject is giving trouble. In some instances a change to another course in which the child has a stronger interest may help.

However, when a boy or girl who has been doing well shows a sudden or gradual decline in school work, the trouble may not be with the work. Lack of energy or interest, irritability, poor appetite, sleeplessness or a tendency to sleep too much, are all evidences that something is wrong.

A talk may not uncover much information, but parents can sometimes make a good guess. Even if they cannot put their finger on the cause, this is a time to stop probing, to do *less* urging and scolding and reminding, not more.

The first step in finding the trouble is a visit to the doctor for a physical check-up. Deficiencies of one kind or another, anemia, and a number of other physical conditions can cause depression. If there is no physical reason, the visit may still be helpful, for a doctor who knows his patients can often win a confidence or discover a difficulty that might not be confessed to parents.

Often this is just a passing period in the teen-ager's struggle toward adulthood. With so many conflicting feelings to cope with, so many decisions to make about the future, so many uncertain moments and difficult experiences in the present, boys and girls have cause to feel overwhelmed now and then. A few happy events, a success or two in school or with friends, and the continued friendly sympathy and patience of parents, may help to lift the dark mood.

When depression of this kind persists despite all efforts to help, a talk with a professional guidance counsellor is in order. Some difficulties are too much for a young person or his parents to cope with. Expert help at the right time can avert more serious difficulties and unhappiness. The doctor, the minister, or a family service agency can direct parents in search of such counselling.

Accidents During the Teens

Parents worry about accidents to their teen-age children, and with reason. Many adolescents lose their lives through accidents. Motor vehicles of various kinds are the cause of more than one-half the loss of life among adolescents from fifteen to nineteen. Fatal accidents by drowning and firearms are next.

How to make your boy or girl a safe driver is obviously worth a good deal of thought and effort. Most high schools now offer courses in driver education. If your local high school does not, it is better to let your teen-ager take driving lessons from a professional teacher than from a friend or relative.

Parents are not always the best teachers, or the best drivers. The emotional relationship between parent and child also creates difficulties that do not help the driving lesson. The professional teacher establishes basic good habits in driving and brings no confusing emotions to the lesson.

More is involved in safe driving, however, than merely skill and a knowledge of the traffic rules. Experience, judgment and stability of character count heavily. It is in the nature of youth to be daring, to take risks, to want excitement, to go ahead on impulse and not think of the consequences. The teen-ager must learn to control these natural inclinations of his age in order to be a safe driver.

A wholesome respect for the power of a motor vehicle, his own and the others on the road, is a first requisite. Your teen-ager also has to be secure enough in his own feelings so that he can resist the dares and the examples of other teen-agers who drive too fast and take unnecessary risks.

Sometimes, when caution about the danger of accidents is ineffective, a father's man-to-man talk about the cost of a car's upkeep and repair, insurance, and so on, gives the teen-ager something practical as a

reason for careful driving. Young people often have the feeling that accidents can happen to the other fellow but never to themselves. With some young people the money aspect of driving is a steadying thought.

Safety for your teen-agers depends on their safe driving, and also, on the safe driving of their friends. This can worry parents more than their own children's driving. Your children must learn to use judgment about which friends to ride with. Your control of this situation is like your control of all the situations your teen-agers may get into when they go out the door. You hope they have learned something

from your own standards of good judgment and good conduct. After that they need experience, and they will have to get that in their own way.

Safe swimming and safe use of firearms are also a combination of good teaching and a stable personality. The best swimmer may have an accident if he takes unwise chances, and the most skillful hunter may have an accident if he is careless. Such accidents should be preventable, and parents cannot afford to be indifferent to their responsibility.

Some young people seem to have more than the average share of accidents. "Accident proneness" is recognized by insurance



M. Forsyth/Monkmeyer

Accident ahead?

companies as a tendency toward accidents that comes from some difficulty within the person. Some underlying cause in the personality of the girl or boy or in the environment generally accounts for this, and it may require a trained counsellor to uncover the trouble and help the child.

On to College?

In many families today it is taken for granted that the children will go to college. Poverty is no longer necessarily a deterrent. So many young people are now able to get financial aid in scholarships, student employment, and student loans, that the chance of going to college ought not to be ruled out in advance because of lack of money.

When the earnings of a boy or girl are needed at home, college does seem almost beyond consideration. Even in such circumstances, however, there may be a way for a young person who is eager to go and qualified for a higher education. Many such boys and girls do not give up, but work and go to college at night, or work for a period to earn money ahead so that they can be spared to go to college. This takes longer, and means a hard grind, but for those who have the persistence it is a deeply satisfying accomplishment.

There are scholarships for many kinds of students. Many young people who do not qualify for an entering scholarship are helped to earn part of their way in campus jobs. The federal government offers students large loans at low interest rates, which need not be repaid until the student graduates and has a job. Every college and university has a scholarship office or financial-aid office where inquiries may



be made about scholarships and loan funds available. Most deserving high school graduates today are eligible for some kind of financial assistance. The industry of a student, once he is in college, is his own recommendation for further help.

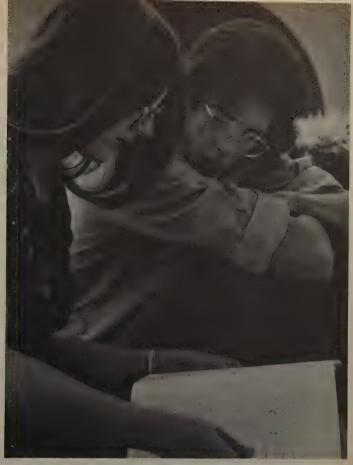
How to Choose

The nearness of a college to home has a bearing on college expense, since traveling costs money. To balance this, some colleges farther away may offer a special advantage to the student, in terms of courses, friends, or just being really away and on one's own. There are also choices to be made between a men's or a women's college and a coeducational one, a large university or a small liberal arts college, the special institutions such as a college of agriculture or engineering, one that prepares especially for teaching, for nursing, for social work, for medical or law school, or for advanced work in science.

It is a good idea to let the young person himself send for catalogues, gather information and make an appointment for a

W. C. Eymann/FPG

Freshmen at college—
An exciting time in the late teens.



talk with the college adviser at high school. Mother or father may also go to school for an interview with this adviser, and of course parents will go over the catalogues and help their teen-ager find the best one for him.

Planning to go to college is an exciting time for teen-agers. Taking the college board examinations and perhaps scholarship examinations besides, waiting for the returns to see whether they have been accepted at the college of their choice, all are tense experiences. Parents must be tolerant of their high school seniors at this time. Soon enough they will be out of the home, for the move to college is a big step. Sympathize with their defeats, encourage them in their efforts, and enjoy them while you still have them with you. And let them go with your blessing.





Mother's love and attention are important when a child is ill.

FPG

Chapter Fifteen

To make it easier for you to find quickly the information you will need

WHEN A CHILD IS ILL or HAS HAD AN ACCIDENT

we have grouped together in the following color pages

A Medical Guide to Children's Illnesses and How to Treat Them

First Aid

Prevention

Inoculation Timetable

Chart of Communicable Diseases

Children's Illnesses

Home Care of a Sick and Convalescent Child

FIRST AID

- 1. Study this section, now, BEFORE you are faced with any emergency. Let's hope you won't have to use the following information.
- 2. Enroll in a first aid course given by Red Cross, local Y, church group, or hospital. Your child's life is certainly worth a few hours of your time.
- 3. Store first aid supplies in bathroom, nursery, den, car, garage wherever they are most convenient.
- 4. Basic supplies should include: various sizes of sterile gauze, dressings, and adhesive tape, hexachlorophene soap, distilled water, aspirin, peroxide, ipecac, antiseptic cream, calamine lotion, roll of thin, clear plastic wrapping, fever thermometer, baking soda, rubbing alcohol, Vaseline, cotton swabs, splints, triangular bandage to be used as a sling, flashlight, address book with emergency numbers. Ask your doctor for more suggestions.

TELEPHONE NUMBERS

Doctor	Gas Company
Hospital	Veterinarian
Police Dept	Child's Blood Type
Fire Dept.	Mother's Blood Type
Dept. of Health	Father's Blood Type
First Aid Rescue Squad	
Poison Control	Drugs to which Child is Allergic
Druggist	•••••
Good Neighbor	
Taxi Service	
Nurses' Registry	•••••
Flectric Company	Hospitalization Number

ARTIFICIAL RESPIRATION

- 1. Place child on back.
- 2. Quickly wipe fluid, vomit, mucus, or foreign matter from mouth with your fingers.



3. Tilt child's head back so that his chin points straight up. To do this, place one hand under neck, the other on top of his head. Lift neck and push head back. Pull chin up until head is tilted all the way back. This opens air passages and prevents child from biting tongue.



- 4. Pinch child's nostrils shut as you open your mouth wide, take a deep breath, place your mouth TIGHTLY over child's open mouth and blow. For infant or small child, make a seal with your mouth over both nose AND mouth.
- 5. Remove your mouth and listen for escaping air.
- 6. Repeat blowing and listening. For older child or adult, blow vigorously at rate of 12 breaths per minute. Count to five slowly between breaths. For a small baby or child, blow relatively shallow puffs,

- about 20 per minute. Count to three between breaths.
- If you cannot blow into the patient's mouth, press his lips together and blow into his nose.
- 8. A child's stomach may fill with air and swell. To remove air, gently press down on his stomach and continue with artificial respiration.
- 9. If after starting, the child does not return air, be sure child's head is in correct position. Three most common errors in mouth-to-mouth resuscitation are inadequate extension of victim's head, inadequate opening of rescuer's mouth, inadequate seal around nose and mouth.



10. If you still do not hear return rush of air, turn large child or adult gently on side and give several sharp blows between shoulder blades to jar foreign matter loose. For a smaller child, pick him up, invert him over your forearm and deliver firm blows with the heel of one hand over his spine between his shoulder blades.

BITES

ANIMAL BITES:

Call doctor immediately. Clean wound thoroughly with soap and water. Rinse carefully with clear water. Apply sterile dressing.

Doctor should start treatment immediately:

- if animal is known to be rabid.
- if animal escapes and rabies exist in the area, especially if child is severely bitten.
- after all wild animal bites. Bats, rats, and foxes are common carriers.

If the animal is not locally owned, call the police or local Department of Health for help in catching him alive. DO NOT KILL THE ANIMAL. A veterinarian should observe him for ten days. If the animal shows signs of developing rabies, treatment of the child should be started without delay.

For mild bites, a vaccine is usually given for 14 days. In more serious cases, treatment continues for 21 days. Tetanus boosters are often given.

HUMAN BITES:

Rare, but when the skin is broken, they very often result in severe infection. Call your doctor. Meanwhile, wash under running water with a pure soap to help prevent infection. Rinse well.

INSECT BITES:

Certain persons have violent reactions. Apply cold compresses to limit swelling, and calamine to control itching. If the swelling is confined to the area of the bite, it usually is not serious. Carefully remove the stinger, as in a honeybee.

Should symptoms develop elsewhere — hives, itching, abdominal pains, difficulty in breathing or swallowing—call your doctor or take your child to a hospital immediately.

The doctor may recommend an antihistamine. Your physician can provide treatments to desensitize children who have severe reactions to insect bites. DO NOT APPLY MUD PACKS.

Bites of scorpions, centipedes and spiders should receive medical attention if there are any symptoms beyond some local swelling and discomfort.

SNAKE BITE:

Most North American snakes are not poisonous. Rattlesnakes, copperheads, moccasins and coral snakes are. Know how to identify them.

If you live in a snake area, consult your local authorities for preventive advice as well as recommended first aid procedures. If you are going on a camping trip in an unfamiliar area, get the same information before unpacking your gear. Snake bite kits can be purchased and may be a good idea for campers as well as for the home.

There is considerable controversy as to whether incisions should be made in fang marks and whether venom should be sucked from wound orally. Ask your doctor which first aid procedure he prefers.

ACT QUICKLY. Have the victim lie down and remain quiet so the venom will not spread as quickly. Tie a tight bandage just above bite. It should never be as tight as a tourniquet which should, in any case, not be attempted by a beginner. If ice is at hand, put it directly on bite. Don't waste time looking for some. Take child to hospital or doctor immediately.

TICK AND LEECH BITES:

Do not remove ticks or leeches with your bare fingers. Cover ticks or leeches with Vaseline, butter or any other grease. This cuts off their oxygen supply and makes them drop off.

BLEEDING

MINOR CUTS:

Cleanse wound with mild soap and water, preferably one containing hexachlorophene. Be careful to wash dirt away from wound, not into it. Dry with sterile gauze pad. Firmly apply sterile gauze bandage. If water is not pure, use 3 percent hydrogen peroxide. Never use iodine.

For larger cuts consult doctor about possible stitches, especially on the face and areas where there is danger of nerves and tendons being cut. The doctor may recommend a tetanus booster or antitoxin for deep wounds or punctures.

SEVERE BLEEDING:

If you remember that severe bleeding can almost always be controlled, it will help you to remain calm. With steady pressure, firmly press sterile compress or clean cloth directly on wound. If neither is available, use piece of clothing or bare hand.

Continue firm, steady pressure for 10 minutes, if necessary. When dressing becomes saturated, add another piece of clean cloth or bandage; do not remove original bandage.

Once you have controlled bleeding, however long it takes, bandage dressing in place. Look out for signs of shock. (See page 390) SUMMON MEDICAL HELP IMMEDIATELY. Never put anything into wound.

ARM OR LEG WOUNDS:

If direct pressure on wounds does not control bleeding, apply pressure to supplying blood vessel. When you press on pressure point, (see above, right), you move a blood vessel against the bone, slowing the flow of blood. Press down with fingers or palm of hand.

About tourniquets: Even doctors use tourniquets with caution. Amateurs should never try to use them. A tourniquet should be used only when life is definitely threatened.

DOTS SHOW PRESSURE POINTS



INTERNAL BLEEDING:

Look for: coughed-up blood, vomited blood, stools streaked with bright red blood, black or tarry stools, any symptoms of shock. Medical care is URGENTLY NEEDED.

NOSEBLEEDS

To avoid his swallowing blood, have the child sit up with head bent forward, or, if he is lying down, to the side, with his nose pointing slightly down.

Let him hold a handkerchief gently against the side of his nose, but prevent him from blowing it or squeezing nose.

Place a cloth wrung out in cold water against the back of his neck, forehead, or upper lip.

If bleeding persists despite these measures, call a doctor. Sometimes it is possible to stop a nosebleed by gently pinching the bottom of the nose for 10 minutes.

BLISTERS

When possible, leave a blister alone. The unbroken skin is the best protection against infection. But if the blister is likely to break, for example if it is on the foot, use a sterilized needle to break it. First wash area with soap and water. Then puncture with sterilized needle near the edge of the blister. Press the blister carefully with well-washed hands to force fluid out. Cover with sterile dressing. Should infection occur, see a doctor.

BRUISES

A bruise is an injury in which blood vessels under the skin are broken, making the area look black and blue. A black eye is a bruise.

For bruises from falls or blows, immediately apply ice cold cloths to the injury to prevent swelling and discoloration and relieve pain. If you cannot treat the bruise for several hours, then apply warm, wet cloths.

BURNS

1. Understand the different kinds of burns: FIRST-DEGREE BURN: Skin reddens but there are no blisters

SECOND-DEGREE BURN: Skin is blistered. Needs medical attention.

THIRD-DEGREE BURN: Wound is deep and skin is destroyed. Prompt medical attention is essential.

2. How large is burned area?

If the burn is extensive and more than 10 percent of the child's body is burned, PROMPT MEDICAL ATTENTION IS ESSENTIAL. Have someone summon doctor and treat for shock immediately. Keep child ly-

ing down and covered. (See page 390) The palm of the hand covers roughly one percent of the body.

or

Cover child's burned areas with clean, thin plastic wrapping (type you use for food), or clean sheet and take immediately to hospital. If you are waiting for taxi or car, put child in tub of cool water for a few minutes, wrap in clean sheet, until you can rush to hospital.

MINOR BURNS:

FIRST DEGREE: Run cold water over burn for few minutes to reduce pain. Gently wash skin around burn area, but not the burn itself, with soap and water. Gently apply antiseptic cream or Vitamin A & D ointment and apply bandage. Never use absorbent cotton or tissues on burns. No ointment is necessary if you use the kind of plastic-covered gauze square which won't stick. DO NOT USE BUTTER OR MARGARINE ON A BURN. They can irritate the skin.

SECOND DEGREE: Skin is blistered. Run cold water over burn. Cover with several layers of sterile cloth. Or cover burned areas with thin plastic wrapping. Do not break blisters. DO NOT APPLY CREAMS, OINT-MENTS, SALVES, OR ANY OILY OR GREASY SUBSTANCES.

IF HELP IS DELAYED IN COMING:

THIRD DEGREE: Keep victim lying down to reduce shock. Cut clothing away from burned area. If cloth sticks to burn, do not pull it loose. Cut around area gently. Cover burn with dry sterile cloth or thin plastic wrapping. Use several layers of cloth or clean sheets.

If the child is conscious and does not vomit, give him sips of water. NEVER give

water or other liquid to an unconscious person. To reduce loss of body fluids in a third degree burn when help is delayed; dissolve ½ teaspoon salt and ½ teaspoon baking soda in a quart of cold water. Give ½ glass every 15 minutes until help comes, unless child is unconscious or vomiting.

ELECTRICAL BURNS:

Pull child away from the source of current with WOOD (chair, board,) or rope. NEVER USE METAL or other CONDUCTIVE MATERIAL. DO NOT USE BARE HANDS.

If child is not breathing, apply mouth-tomouth resuscitation. (See page 381.) Take child to hospital or call doctor. The injury may be worse than it appears to be.

CHEMICAL BURNS:

These require INSTANT treatment. Remove chemically burned clothes from child. Consult jar or package from which chemical came for possible instructions on how to treat specific burns. Without specific instructions, wash away chemical with large amounts of water. Get child under shower, if possible. Treat as for fire burns.

CHEMICAL BURNS OF EYE:

Instant care is essential. Hold child under faucet. Turn on cool water at medium pressure. Rinse eye for 10 minutes making sure to direct water away from unaffected eye. In an emergency, milk or similar liquid will do. After all chemical particles are washed away, cover with sterile bandage and take child to hospital or doctor.

CHOKING

Hold child upside down by his legs or ankles and give him one or more smart blows with the flat of your hand on his back between the shoulder blades. Gravity may help to dislodge the foreign object. If he keeps choking and starts to turn blue, get medical help immediately.

Never try to dislodge what is in the child's windpipe unless he is upside down. Give artificial respiration while waiting for medical aid. A fishbone is not as dangerous as an object that obstructs breathing.

The Heimlich maneuver, named for its inventor, is a new technique to help choking victims (when the windpipe is blocked so the person cannot breathe).

Stand or kneel behind the victim. Make a fist with one hand and place it at the top of the victim's abdomen, just under the rib cage. Grasp the fist in your other hand and press into the abdomen with a quick, upward thrust. With an infant or small child, use the forefinger and middle finger of both hands. Place them below the rib cage and give a quick, upward thrust. Repeat if necessary.

CONVULSION

Stay calm. Remember the convulsion itself is rarely a threat to a child's life. Stay with him to be able to report symptoms.

- Make sure he can't fall.
- Protect him with pillows or soft objects; place pillow under his head.
- Turn him on his side so saliva will run out of his mouth, not into his lungs.
- Do not try to stop convulsive movements by holding arms or legs.
- Loosen clothing at neck.
- Place some firm but soft object or material between the teeth—a rolled handkerchief or towel but hold on to the ends.

Do not place a pencil or any hard object between the teeth. It may do more harm than good.

The child will usually lose consciousness. His limbs may stiffen and then jerk. His lips and face may turn blue and his eyes roll upward. Try to stay calm, frightening as the

symptoms may be. The convulsion may last two minutes but rarely more than ten, although the time will seem longer.

Try to notice where the convulsion started. Which side of the face? In the arm or leg? Did an eye blink? Were there stomach pains? Your observations will help the physician make his diagnosis.

After the convulsion is over, the child will feel sleepy. Make him comfortable and let him rest. Call your doctor or hospital emergency ward.

DROWNING

Drain water from lungs by placing child on his stomach over your bent knee for 10 seconds. His hips should be a foot higher than his head.

Give immediate and continuous mouthto-mouth resuscitation. (See ARTIFICIAL RESPIRATION, page 381.)

FAINTING

The child should lie on his back until he is completely recovered. If he tries to rise, he may faint again. Loosen clothing at neck and belt. Lower the child's head and shoulders by placing something under his hips and legs to raise them. (A person faints when the brain is not receiving enough blood.) If a child feels faint, you can prevent him from fainting by having him lie down, or having him sit in a chair with his head bent forward.

FOREIGN OBJECTS

IN EYE:

Try to have your child close his eye for a few minutes. His tears may wash out the foreign object. If not, have the child lie on his back, hold his eye open with your fingers and pour lukewarm water into it. Do not permit the child to rub his eye.

A single large object, however, often may be removed more easily with the corner of a dry, clean handkerchief. Be careful not to scrape or rub eye. If you cannot remove the object by these methods, get medical aid.

If a pencil or splinter should penetrate the eye, cover it with a clean cloth or sterile gauze bandage, and call your doctor or take the child to the nearest doctor or hospital.

IN EAR:

Don't attempt to remove objects from a child's ear. Call your doctor. You may do more harm than good. If a bright light is held close to the ear, living insects are often attracted to the light and may crawl out.

IN NOSE:

Don't try to extract anything smooth and hard. You will only push it in further. You may be able to grasp a soft object not too far in with a pair of tweezers.

If the child is old enough, have him blow his nose. If this does not work, take him to your doctor.

IN THROAT:

If the child swallows a small smooth object (fruit seed, button, coin, etc.) check his bowel movements to see whether it has passed through his body. If he has swallowed a sharp object (needle, pin, safety pin), call doctor immediately.

Any child who has coughed, choked, or gagged on a suspected foreign object should be seen by a doctor.

IN WINDPIPE:

Hold the child upside down by his legs or ankles and give him one or more smart blows with the flat of your hand on his back between the shoulder blades. Gravity may help to dislodge the foreign object.

Do not attempt to remove a foreign object from the mouth of a child unless he is upside down. Otherwise you may push the object further in. GET MEDICAL AID AS SOON AS POSSIBLE.

If the object comes out, and breathing is irregular or stopped, give the child mouthto-mouth resuscitation. (See page 381.) If the object does not come out, give the child artificial respiration (See page 381) while getting medical aid.

FRACTURE

If a child has been badly injured, THINK FIRST, DO NOT BLUNDER IN.

Do not move him until a physician has been able to assess his injuries. Keep him lying down. Do not let him move about. Cover him. Give him nothing to drink or eat. He may require an anesthetic and recent eating can complicate this.

Moving a child can make his condition worse. A child with broken bones may have injuries you cannot see. If a fracture is suspected, before the child is moved the area must be immobilized by a splint to prevent pain, shock, and the possibility of a small fracture becoming compound.

A simple fracture is one in which bone, but not skin, is broken.

A compound fracture is one in which broken bone has pierced the skin. It is more dangerous because of possible infection. Place sterile gauze over wound and get medical help immediately. If sterile gauze is not available, leave wound open, making sure nothing touches it. Exposure to air is better than contaminating it with an unclean cloth. If necessary, control bleeding with pressure. Splints and slings are used to immobilize injured parts so that broken ends of bones cannot move.

A splint can be ready-made or improvised from any stiff material (magazine, stick, ruler, etc.) The splint should be wider than the part being splinted and long enough to prevent movement of the joints near the fracture. Pad the limb with a clean cloth before applying splint. Bind splint in place above and below fracture.

A sling can be made from a scarf or a towel or piece of sheet.

FRACTURE OF THE BACK OR NECK:

KEEP CHILD FLAT AND MAKE NO AT-TEMPT TO MOVE HIM UNTIL MEDICAL AID ARRIVES, in cases of severe injury, a wrong move may cause permanent damage or disability.

FRACTURE OF THE ARM:

For a fracture of the upper arm, use two splints, one in front of the arm, the other behind. Splint should extend from shoulder to elbow. For lower arm, splint is tied so that the wrist is a little higher than the elbow. Do not bend the elbow so much that it is painful.

FRACTURE OF THE COLLARBONE:

There is usually pain in the shoulder area and some disability in an arm on the side of the injury. Use a sling for the arm on fractured side and take child to hospital.

FRACTURE OF FINGER:

Broken fingers are often mistaken for sprained fingers. Until you take a child for an X-ray and appropriate treatment, immopuize his finger with a small splint.

FRACTURE OF LEG OR ANKLE:

Only an X-ray can determine if an ankle has been broken or sprained. Have child lie down, do not let him put any weight on leg.

For a fracture of the thigh (upper leg),

victim should not be moved. Medical help is essential.

If it is essential to move a child with a fractured leg, strap injured leg to other leg at several points above and below injury, or apply broom handle or padded ironing board splint.

MOUTH EMERGENCIES:

(See Teeth, page 391.)

POISON

Children are natural taste testers. They like to put everything in their mouths. They are not fussy either. They have been known to drink a whole can of kerosene with relish. They are particularly fond of "candy" aspirin. A bottle of aspirin can kill a child. So for Heaven's sake, don't ever tell him it's candy. Tell him it's medicine.

If your youngster is going through the "eat everything in sight" stage, provide him with wholesome chewables: celery and carrots.

The moment you take home any one of the 250,000 potential poisons sold in neighborhood stores, lock it up securely or at least put it safely out of your child's reach, never in any of places where most children find them: 1) under the kitchen sink where cleaners are generally stored, 2) bedside or living room tabletops, 3) bathroom medicine cabinet, 4) garage, basement, back porch.

When moving or going on vacation, be particularly careful. Remember, too, to keep your pocketbook out of reach if you carry pill boxes.

Not all poisonous substances are labeled "POISON," but that does not keep them from being particularly dangerous for children. The effect of a poison depends on the

amount swallowed and the age of the person who swallows it.

Aspirin is by far the most common potential "poison." Next in line are: detergents and cleaning agents, furniture polish, kerosene, vitamin and iron pills and syrups, disinfectants, strong acids and alkalis (lye), and laxatives.

WHAT TO DO WHEN YOUR CHILD TAKES A HOUSEHOLD POISON

- Act quickly but rationally. Get immediate medical help.
- Check the label on the container for possible antidote. Have it with you when you call your doctor, or Poison Control.
- An emetic causes vomiting. Sometimes it IS CORRECT to make a poison victim vomit, sometimes it IS NOT CORRECT to make a poison victim vomit.
- Your doctor will probably tell you to MAKE THE CHILD VOMIT if he swallows any of the following:

Household Items:

antifreeze
camphor
arsenic, rat poison
D.D.T.
denatured alcohol
after-shave lotion, hair dye
nail polish
permanent wave solution
perfume
liquor or beer
hydrogen peroxide
ink

Medicines:

aspirin (except in prescribed dosage)
"pep" drugs
iron pills and syrup

reducing medicine
some douche preparations
sleeping drugs
laxatives
iodine
eye medicine (atropine)
heart medicine
tranquilizers
vitamins (except in prescribed dosage)
paregoric

 Check to see if product contains acid or lye. If it does, do not give emetic. DO NOT MAKE HIM VOMIT if he swallows any of these:

Household Items:

ammonia
bleach
drain cleaner
oven cleaner
toilet bowl cleaner
corn and wart remover
furniture polish
metal cleaner
typewriter cleaner
gun cleaner
grease remover
carbolic acid disinfectants
strychnine rat poison
strong acids
washing soda

Paint Thinners and Fuel Oil:

turpentine
paint thinner
kerosene
gasoline
lighter fluid
wood preservatives
brush cleaner

ANTIDOTES

If you cannot find an antidote, and you know the poison contains *lye*, make an antidote of vinegar or lemon juice in water, several glasses, but do NOT make him vomit. Then give him milk, olive oil, or egg whites to soothe the lining of the digestive tract.

If you know the product contains acid, do something entirely different. Give him milk of magnesia or a solution of baking soda in water. Follow with milk, olive oil, or egg whites.

If you cannot get in touch with a doctor or a POISON CONTROL CENTER and an antidote is not indicated on the bottle, give the child several glasses of milk or water to dilute the poison. Next, unless the poison is on the DO NOT MAKE CHILD VOMIT list, make him get rid of the poison by vomiting.

To make the child vomit:

- 1. Give him 1 tablespoon of ipecac syrup, then give him something to drink, such as milk.
- 2. If you do not have the syrup, try salt or powdered mustard (one tablespoon of either) added to warm water.
- 3. If the salt or mustard mixture does not work, try tickling the inside of the victim's throat with your finger or a spoon.

If the child does not vomit, have him drink milk and take him to the nearest hospital or doctor. Always take along the bottle or box that contained the poison.

If the child has taken sleeping pills and is in a deep sleep when you find him, do not give him water or an emetic. Never give fluids to an unconscious person. Keep him warm and get IMMEDIATE medical care.

CAUTION

Lead paint tastes somewhat like candy

and can be poisonous if swallowed in small doses over long periods. If your child chews on crib, window sills, etc., check with your doctor for possible lead poisoning, which must be treated before any symptoms appear.

Boric Acid is not valuable for treating diaper rash or any common ailment. Do not keep it in the house. Poisoning often occurs when it is mistaken for baby's formula mix or is used to treat diaper rash.

PUNCTURE WOUNDS

If the wound does not bleed, encourage by GENTLE, never FIRM pressure near hole. Be sure to call a doctor. Such wounds are excellent sites for infection. He may suggest a tetanus booster.

For a prick with a safety pin: Apply warm water to site and as soon as blood brought to the surface by warm water subsides, apply a 3 per cent solution of peroxide. Bandage.

SHOCK

First aid for shock should always be given to accident victims. Signs of shock may not appear immediately. Shock can be brief or long-lasting. Shock can sometimes be prevented by prompt action. Shock can cause death. ACT QUICKLY!

Signs are:

General weakness.

Cold, pale, moist skin. (Look for perspiration on forehead and above lips, clammy palms.)

Nausea (sometimes vomiting).

Dull, vacant eyes.

Thirst.

Irregular, shallow breathing.

Weak but rapid pulse.

What to Do: Keep the victim lying down.

Cover him lightly with coat or blanket.

Get medical help immediately.

If the victim will be under medical care soon, do not give him anything to drink.

If medical care will be delayed and the victim is:

CONSCIOUS
NOT VOMITING

DOES NOT HAVE A DEEP WOUND
IN THE ABDOMEN

give him water, a little at a time Never give fluids to an unconscious person. If you are in doubt, don't give the victim anything to drink.

SPLINTERS

Wash hands and skin around splinter. Sterilize a needle by holding in a flame. Using sterile cotton, rub off excess carbon from the needle. Use the needle to loosen the skin around the splinter until it can be removed. You may have to use tweezers, also sterilized in flame. Cover the wound with an adhesive bandage.

If splinter is deeply imbedded, do not attempt to remove it yourself. Take the child to the doctor.

SPRAINS AND DISLOCATIONS

A fall can cause a sprain as well as a fracture. Sprains often occur in the ankle, knee, and wrist. Tissues around a joint may be torn or bruised.

Pain and swelling occur in sprains and dislocations. If you are not sure if there is a sprain, fracture, or dislocation, give first aid for fracture. (See Page 387)

Relieve pain and swelling by applying an ice bag or cold cloth. Elevate the injured part, if possible. This will also prevent swell-

ing. Do not permit child to move injured part.

Sprains and dislocations should be examined by a doctor. An X-ray should be given to show whether or not there is a fracture.

SUNSTROKE OR HEAT STROKE

Both are serious conditions. An sunstroke, the child's skin is hot and dry. He may feel dizzy and nauseated. He may become unconscious. His temperature may go as high as 105° F.

Move him to a shaded place, the cooler, the better. Get him indoors, if you can. Loosen or remove his clothing. Put cool, wet cloths or an icebag on his head. If he is conscious, give him cool water to drink, a teaspoon of salt in a glass of water. Never give him a stimulant such as alcohol or coffee. Call a doctor.

A child who has suffered heat stroke, has lost much water and salt, but his body temperature remains normal. He looks pale and feels weak or unusually tired. His body may

be covered with perspiration. Move him to a cool spot. Have him lie down and rest. Give him cool water to drink, a teaspoon of salt in a glass of water. Call doctor.

TEETH

BROKEN OR KNOCKED OUT:

Put the tooth (whole or portion) in a normal saline solution (¼ teaspoon of salt to 8 ounces of warm water) and call your dentist immediately. He may be able to reimplant the tooth or replace the part.

BLEEDING GUMS (FROM AN INJURY)

Try saturating a sterile cloth with cold, strong tea and apply steadily with moderate pressure for 15 to 45 minutes. If bleeding persists, call your physician or dentist.

ACHE:

Do not apply aspirin to tooth and gum. It will do more harm than good. Try preparation used to ease teething, or apply oil of cloves on cotton.

UNCONSCIOUSNESS

NEVER THROW WATER ON OR SHAKE AN UNCONSCIOUS PERSON. He can't hear or speak to you.

If he is not breathing, give him artificial respiration. (See page 381.) If he is bleeding, stop the bleeding. (See page 383.)

If the child is breathing normally and not bleeding, and you see no signs of injury, see if his face is pale or red.

If it is red, raise his shoulders slightly.

Support his head with something. Do not prop him into a sitting position.

If he is pale, make sure that he is lying flat and his legs and hips are slightly raised.

If his color is normal, do not move him at all.

Do not move the child. Keep quiet. Do not give him anything to drink. He may strangle.

Call for an ambulance or medical help.

Preventing Childhood Illnesses

Many parents ask whether it would be wise to expose their children deliberately to the common childhood diseases so that they will not catch these diseases in adulthood. Doctors in the armed forces have been amazed at the number of young men who have these diseases while they are in military service, and some doctors actually believe it would be advisable to put children in the way of having their measles, mumps, and so on during childhood.

No one likes to court illness of any kind. Nevertheless, it is true that mumps can be a severe illness in an adult male and may lead to sterility. Also, German measles suffered by an expectant mother during the early months of pregnancy may injure the child she is carrying. On the other hand measles, whooping cough, scarlet fever, and diphtheria are serious diseases, and there is a danger that any diseases can cause severe illness or lead to complications. Vaccines are now available for many of them.

A good general rule for parents, therefore, is to avoid illness in the family whenever possible, and protect children from exposure to disease as well as they are able.

It is only common sense to take full advantage of all the accepted ways of giving their children immunity to disease by the

regular series of vaccinations and inoculations during the early months, and by booster injections and revaccination through childhood, according to the approved schedule (see p.394). Regular visits to the doctor or clinic for a checkup, at least once a year throughout childhood, are a form of insurance for the prevention of illness. Good nutrition, wholesome living, and a loving and cheerful family life help to keep children healthy and improve their resistance to disease.

The period when each of these diseases is most contagious is noted in the chart (p. 396). This is the time to be particularly careful to protect the children from exposure to the sick child.

In most cases, one attack gives immunity; that is, once a child has had one of these diseases he is not likely to catch it again even though he may happen to be exposed. It is therefore a good idea to keep a record of the childhood diseases that each child has had, and the date when he had it, to avoid anxiety about later exposures. Measles and German measles are often confused. Since an attack of one does not give immunity to the other, it is wise for parents to check with the doctor when he is making his diagnoses and make certain which one the child has.



Inoculations (Shots)

- Keep a dated record of all injections your child is given. You will need the information if you change doctors, move to a new locality, and when your child enters school or camp. Keep it with such other important records as your child's birth certificate.
- Chances are that your baby's injections will be harder on you than on the child. Memory of previous injections seems to begin at about the time babies start to distrust any strange person. They are also learning to sit up and are furious when they are held down. They object to even such painless examinations as those of ears, eyes, and mouth.
- Unless your doctor indicates otherwise, hold your baby on your lap and reassure him with your voice. Put a favorite toy in his hand. Don't pass on your own timidity about shots.
- As your child grows, his emotional reactions to shots will pass. If you remain gentle but firm about the importance of medical treatment, he will gain strength from your support.

"Shot" Reactions

DPT:

This single mixture given in three shots and boosters immunizes against Diphtheria, Pertussis (Whooping Cough) and Tetanus (Lock-jaw.) Light fever, fussiness, swelling and tenderness around spot may occur.

Smallpox:

Smallpox vaccination is no longer a part of every child's inoculation program. Since the disease has been nearly eradicated, it is given only in special cases, such as when travel to a particular area is planned.

If the baby is vaccinated, a small red spot appears in three to five days. It becomes a blister surrounded by a red area. The baby may develop a slight fever on the eighth to twelfth day.

The blister must be kept dry. Give sponge baths only, until a scab forms. Keep the area uncovered. If the vaccination does not "take," inform the doctor.

Measles:

A small number of children react to measles vaccine with fever and a mild rash a week after inoculation.

Tests

Diaper test for PKU (Phenylketonuria)

In the United States all babies are given a simple urine test for PKU. This is a rare hereditary deficiency that can cause mental retardation. Treatment is fully effective.

Tuberculosis:

All babies should be given the tuberculin "tine" test to check for the disease during their first year. Tests are repeated at intervals until age 18 or 21. The earlier the disease is detected, the more successful the treatment. If the test reaction is positive, the doctor will do further testing to see if the infection is active, or is already healed. The doctor will also try to find out how the child contracted it.

INOCULATION TIMETABLE

Disease	Age	Dosage
DIPHTHERIA	About 2 months	3 shots of DPT vaccine which also immunizes against Tetanus, Whooping Cough (Pertussis) at 4 to 6 week intervals.
WHOOPING COUGH (Pertussis)	About 2 months	See Above
TETANUS (Lockjaw)	About 2 months	See Above
POLIO POLIOMYELITIS (Infantile Paralysis)	About 2 months	Triple oral (Sabin) vaccine. First 2 doses spaced 6 to 8 weeks apart, 3rd 6 to 12 months later, 4th given 1 year later.
INFLUENZA (Flu)	At least 3 months	Only for youngsters with chronic or disabling disease. Two doses in two months.
GERMAN MEASLES (Rubella)	12 months to puberty	1 shot of live (weakened) rubella vaccine on priority basis to preschoolers and lower graders.
MEASLES (Rubeola)	12 months	1 shot of live (weakened) vaccine
MUMPS	1 year or older	1 shot (weakened) Mumps vaccine
TYPHOID FEVER	6 months and older	Recommended in U.S. only when there is special risk of exposure. 2 shots spaced four or more weeks apart.
SMALLPOX	Not recommended for routine use. Given when circumstances render it advisable.	Vaccination.

Is Booster Needed?	Do Adults Need Protection?	Precautions
At 15-18 months and before entering kindergarten	Adult Diphtheria toxoid is available for those who face unusual risks.	If disease is going around, booster shot may be recommended for children.
See above	∠ Not indicated	One case usually gives immunity but exposed adults occasionally get second attacks. Avoid contact with carriers if possible.
See above. Then shot every 5-10 years.	Every 10 years, or on any exposure to tetanus	Try to keep nails, tin cans, etc., out of child's way.
Triple oral (Sabin) vaccine on entering school.	Three doses of Sabin oral vaccine recommended for adults who face unusual risks. 2 doses 6-8 months apart. Third dose 1 year later.	
1 dose each fall	1 dose each fall for older people, pregnant women, persons with heart, lung and other chronic diseases. Immunity lasts only 1 year.	Avoid exposure.
Too new to know length of immunity	Never to pregnant women, or women planning pregnancy within 2 months of shot.	Adults should avoid exposure.
Believed to be long- lasting. Possibly for life.	Rarely necessary	Avoid exposure.
Debatable. Ask your doctor.	Adults, particularly men who have not had protection. However 50 percent are immune because of unrecognized childhood cases.	Avoid exposure.
In case of repeated exposure, a single shot every 3 years.	In case of repeated exposure, single shot every three years.	Avoid exposure.
Revaccination at school entrance, then at about 10 year intervals.	10 year intervals, except three years for travel abroad or before exposure to unusual risks.	Avoid exposure.

CHART OF COMMUNICABLE DISEASES

Disease	CHICKENPOX	DIPHTHERIA
Symptoms and Signs	Begins with running nose, moderate fever, headache, malaise. Rash develops into successive clusters of "tear-shaped" blisters filled with clear fluid. Become encrusted and fall off.	Slightly sore throat, fever. Dirty white patches on tonsils. Sometimes on throat.
Site	Trunk, face, neck.	Tonsils, throat, larynx.
Cause	Virus	Bacillus.
How Spread	Contact with infected people and articles used by them.	Contact with infected people, carriers and articles used by them.
Incubation Periods (date of exposure to first signs)	11 to 21 days. Usually only 13 to 17 days.	Within a week after exposure.
Period of Communicability	Roughly first day before onset of symptoms until scabs are crusted over. Not sooner than six days after onset of signs.	From two to four weeks after onset until throat cultures are clear of virulent diphtheria bacilli.
Most Susceptible Ages	From birth until disease contracted. Usually children.	Common under 10 years.
Seasons of Prevalence	Winter.	Fall and winter.
Prevention	No vaccine yet available.	Inoculation with diphtheria toxoid in triple vaccine.
Duration	One to two weeks.	Depends on seriousness.
Treatment	Isolation during period of communicability until crusts dried over. Keep child's hands clean and fingernails very short.	Quarantine. Isolation until three cultures taken from nose and throat at 24 hour intervals are free of bacilli. One attack does not necessarily give immunity. Antitoxin and antibiotics.

MEACLEC	0504444 445464 50	
MEASLES (Rubeola)	GERMAN MEASLES (Rubella)	MUMPS
Rash which starts at hairline, preceded by mounting fever, dry cough, running nose and red eyes for 3 to 4 days.	Mild fever, sore throat or cold symptoms may precede fine rose-colored rash. Enlarged glands at back of neck and behind ears.	Headache, chills, fever, swelling in front of and below ear.
Face, later body.	Face, neck, then spreads to trunk and limbs.	Lower face and neck, sometimes trunk.
Virus.	Virus.	Virus.
Contact with infected people and articles used by them.	Contact with infected people or articles used by them.	Contact with infected people or articles used by them.
10-14 days. Usually 12-13 days.	14 to 25 days. Usually 18 days.	14-28. Usually 18 days.
Until recovery, 5 days after appearance of rash.	One day before onset until all rash and fever disappear.	Uncertain. About 1 week from onset or as long as fever persists.
Common at any time during childhood.	Children and young adults.	Children 5-15. Young adults.
Mainly spring. Also fall and winter.	Spring and winter.	Late winter and early spring.
Vaccine provides immunity. Baby not vaccinated can be given gamma globulin to lighten or prevent measles.	Weakened rubella vaccine.	Mumps immune globulin available but efficacy doubtful.
5-7 days.	3 to 5 days.	Two weeks or more.
Isolation during period of communicability. Antibiotics sometimes used in treatment. Immunity usual after 1 attack.	Isolation when necessary from first symptom until 2 to 3 days after appearance of rash. Immunity usual after one attack.	Isolation until all swelling subsides. No attempt should be made to prevent the disease in childhood. Immunity can occur after one attack, or there may be subsequent attacks.

CHART OF COMMUNICABLE DISEASES

Disease	POLIOMYELITIS (Polio)	RHEUMATIC FEVER
Symptoms and Signs	Slight fever, general discomfort, headache, stiff neck, stiff back.	Swollen, tender and painful joints. Loss of appetite, sweats, rashes, cough, difficulty in breathing, abdominal pain.
Site	Different areas.	Depends upon part of body affected.
Cause	Virus.	Unknown. Precipitated by a "strep" infection.
How Spread	Contact with infected people and articles used by them.	Poor conditions lead to streptococal respiratory infections and thus to rheumatic fever.
Incubation Periods (date of exposure to first signs)	7 to 21 days.	Symptoms appear about 2-3 weeks after "strep" infection.
Period of Communicability	One week from onset until fever disappears.	Not communicable. Preceding "strep" infection is communicable.
Most Susceptible Ages	Children 1-16 and young adults.	Children and young adults
Seasons of Prevalence	Usually in epidemics in temperate climates.	Mainly winter and spring.
Prevention	Sabin oral vaccine series.	Prompt and adequate treatment of all "strep" infections.
Duration	Depends on seriousness of attack.	6-12 weeks or longer.
Treatment	Isolation (depending on state law) from onset, until fever subsides.	Early ambulation now recommended for most cases of acute rheumatic fever provided there is no cardiac involvement. 2-3 weeks of bed rest followed by indoor ambulation under medical supervision. Salicylates, antibiotics.

"STREP" INFECTIONS	TETANUS	WHOOPING COUGH (Pertussis)
Several strains of streptococci cause scarlet fever and "strep" throats.	Stiffness of jaw, spasms and convulsions. Difficulty in swallowing.	Early symptoms similar to a cold: low fever, cough. At end of second week, child makes noisy gasps for air.
Throat.	Head and neck.	Throat.
Streptococci.	Bacillus . Puncture wounds, compound fractures, severe burns, rat bites.	Bacillus.
Contact with infected people and carriers.	Through soil, street dust, or articles contaminated with the bacillus.	Contact with infected people.
2-5 days.	1 day to 3 weeks. Sometimes longer. Commonly 8 to 12 days.	5-28 days (commonly 10)
About 10 days (during incubation period and illness).	Not communicable from person to person.	From onset of first symptoms to about 5th, 8th and even 12th week. Depends on seriousness.
All ages.	All ages.	All ages, 50 percent under age 2.
Late winter and spring.	Summer.	Variations according to season unimportant.
None.	Series of inoculations with tetanus toxoid plus boosters.	Series of inoculations starting at about 2 months. Protective serum, given at doctor's discretion to unvaccinated baby.
3-4 days.	Depends on seriousness.	Varies greatly.
Isolation until recovery. Penicillin for 10 days, or another antibiotic if allergy to penicillin exists.	Booster dose of tetanus toxoid if previously immunized. One attack does not give immunity.	Special shots can lighten attack or give protection after exposure. Disease is dangerous under 6 months. Patient should be quarantined from susceptible family members. Immunity usual after one attack.

Transportation of Injured Persons

- Do not hurry to move. Further harm or injury may develop from lack of planning or preparation of the patient for transportation, and from the use of poorly adopted methods. Therefore take the necessary time and effort to provide good transportation.
- Be sure bleeding is controlled, that breathing is normal and that a broken bone is splinted. Injured parts should be, if possible, immobilized. The immediate area of the injury should be kept from bending and twisting. "Splint them where they lie" unless there is urgent danger in delay. If the injured person must be pulled to safety, make sure he is pulled in the direction of the long axis of his body, not sideways. The danger is less if a blanket or similar object can be placed beneath him so that he can ride the blanket. If a person must be lifted to safety before a check for injuries can be made, the carriers should try to protect all parts of the body from the tensions of lifting. The body should not be lifted by head and heels only. An attempt should be made to give ade-

quate support to each extremity, to the head and the back, while keeping the entire body in a straight line and maintaining it immobile.

The best device for short-distance transfers is a stretcher, mattress, or cot. Improvisations can be made from blankets or similar items together with two sturdy poles. Unless there is unusual urgency, it is best to wait until an ambulance is available.

It is most important to remember that people who may have head injuries, fractures of such bones as those of the thigh, leg, arm and pelvis, or possible back injuries should not be transported sitting up in passenger automobiles. The injured parts need immobilization. The patient should be lying down on a comfortable support.

For less serious injuries, where the patient can be carried to first aid, use the saddle-back carry, or four-handed seat between two people (with the patient supporting himself on the four-handed seat by putting his arms around the necks of his two helpers).



Most children's illnesses come between the ages of two and eight. When an illness is beginning, the child may show a slight change in disposition or behavior. A young child may be cross and fretful, and a child of any age may have less than his normal appetite for a meal. However, the real sign of most illnesses is fever.

When to Call the Doctor

Mothers are generally good judges of the early signs of illness and a mother can usually tell when her child is feverish. The first step then is to take the child's temperature.

The doctor should be called when the fever is above 101 degrees or, even if there is no fever or very little, when the child gives signs of being sick or in pain. Some children do not run much fever as a rule, and a few illnesses begin with very little fever. There is also the possibility that a young child has

inhaled or swallowed a harmful substance without a mother's knowledge.

Until the Doctor Comes

Put the sick child to bed at once. If you cannot get instructions from the doctor and the child is feverish, cover him lightly and give him liquids to drink, unless he is vomiting. If he isn't vomiting, give water, or fruit juice thinned with water and sweetened with a little sugar, but not milk. If there is diarrhea, give only water. If the child complains of nausea, a small piece of ice to suck may be comforting. A few sips of one of the carbonated drinks is sometimes helpful in checking nausea or vomiting.

High fever in infants and children is not necessarily a sign of serious illness. Some children have a temperature of 104 degrees at the beginning of a cold or one of the infectious children's diseases. (See page 420.)

Common Diseases of Childhood

ABSCESSES

An abscess may occur as the result of pus in any part of the body, but most often in the gums or the ears.

An infection around the roots of a tooth often forms a gumboil, or abscess. Aspirin in recommended doses may relieve the pain.

A prompt use of a prescribed modern drug generally prevents an abscess from forming in the ear. Heat can be used if it soothes the pain until the doctor arrives. Your doctor may prescribe aspirin and some ear drops also before he sees your child if the pain is severe.

ALLERGIES

Generally speaking there are two kinds of allergies; those which affect the nose and those which affect the skin. Some people's noses are sensitive to ragweed and other pollens, especially in late spring (rose fever) and early autumn (hay fever). Some people are sensitive all year around to such things as dust, feathers, wool, dog or cat hair, etc. Such allergies may keep a child's nose stuffed up, runny, or itching (or all three). Skin allergies are usually caused by food, especially such foods as chocolate, eggs, milk, wheat, fish, or strawberries. The allergic child should avoid any which disagree with him.

Allergies, which are sometimes thought to be partly psychological, are not easy to treat. But there are antihistamines and other drugs, as well as desensitization shots, which can sometimes prevent attacks and can often ease the symptoms. In severe cases which are difficult to diagnose, doctors can make tests which occasionally reveal the cause. But the tests are long-drawn-out and expensive, and they do not produce cures. In such cases, or where emotional factors are involved, psychological therapy may help.

AMMONIA IRRITATION IN BOYS

A red raw condition of the tip of the penis and the surrounding diaper area is due to ammonia made from urine by bacteria. This usually happens during the night while a child lies in a wet diaper. A rubber diaper cover often makes it worse. A soothing cream applied to the tip of the penis and on the surrounding skin helps protect the area, especially during the night. The diaper should be boiled and if possible sundried to get rid of the bacteria.

ANEMIA AND IRON

Iron helps make it possible for red blood cells to carry oxygen from the lungs to all parts of the body. Iron is supplied principally by meats such as liver, egg yolks, cereal, and green leafy vegetables. Lack of iron can give rise to anemia. Anemia can also be caused by infection and by bleeding.

At his regular checkup the doctor may take a drop of blood from the tip of a finger to test it for anemia. If necessary he will recommend extra iron in the form of a pill or other treatment. A well-balanced nutritious diet usually prevents ordinary anemia.

APPENDICITIS

Take the child to the doctor or hospital for a stomach ache that lasts as long as one hour. (Naturally, take into account the results of too many sweets.)

Nine out of ten times it won't be appendicitis. But don't risk appendix rupturing and spreading the infection to the abdomen (peritonitis).

Even highly respected physicians admit that appendicitis is sometimes difficult to diagnose. The appendix, a worm-like vestigial appendage to the large intestine, is not located in the same place in everyone. Symptoms vary from person to person.

In a classic case, there is pain around the navel for several hours. The pain eventually shifts to the lower right side. Pain may be dull or severe. Stoppage may indicate the appendix has burst. There may or may not be vomiting, decreased appetite, or fever. Fever may be normal or 100-101 degrees. Child may feel pain when he flexes his legs to abdomen, or when he stretches his leg back, or when he walks.

operating. Delay can be dangerous. Many can make the attack worse. Anxiety can physicians believe it is safer to operate than bring on new attacks. to risk rupture, peritonitis, and gangrene.

Before the doctor comes: Don't give child any food except perhaps a few sips of water. NO CATHARTICS OR MEDICINE SHOULD BE GIVEN. They could cause the child occupied with a game or story. appendix to burst. An ice bag may be applied to the right side.

ASTHMA

Asthma is characterized by repeated attacks of difficulty in breathing, with wheezing, coughing, a sense of constriction due to spasmodic contraction of the bronchial tubes, and a thick discharge of mucus.

A mild variation, asthmatic bronchitis, sometimes occurs when children catch colds. It tends to disappear completely after a few years.

Asthmatic attacks are common at night. They may be brought on by temperature changes, exercise, noxious fumes, fright, or emotional stress. For the asthmatic child, a peaceful, relaxed bedtime is particularly important.

In young children, an allergy to foods may be responsible; in older children, airborne allergies. Colds can start an attack. So can anxiety, conflict with parents or between parents, school problems. Psychological help is sometimes beneficial.

The disease should be treated promptly and the trouble-making allergens or emotional problem sought out. Repeated attacks may have a harmful effect on lung and chest development. Parents must be especially patient with a child who has chronic asthma. Prolonged medical attention is necessary.

A first attack can be frightening to parents as well as to the child. Very rarely is the condition as dangerous as it looks. A parent When a doctor is uncertain, he will advise needs to be calm and reassuring. Tenseness

> If breathing is especially laborious, keep the child in bed in a warm, comfortable room. A little moisture from a steam kettle will help thin the sticky mucus. Try to keep

Keep the youngster away from people with respiratory infections. Diet must be balanced and fatigue avoided. The doctor may relieve an attack with epinephrine or aminophylline. Better results are achieved when asthma is treated early.

BED WETTING

Bed wetting (enuresis) is usually not due to physical disease. A strange situation, excitement, an uneasiness of any kind are factors which will cause tension in a child. This in turn may give rise to tension in the bladder muscle.

Daytime wetting is also usually not due to physical causes. When it is, the child usually dribbles a small amount at frequent intervals. One absolutely harmless variety of wetting occurs when a child laughs violently or is excited.

Frequent urinating in many cases is due to tension of the kind that all of us experience before an examination or a race. Occasionally it is a sign that an infection or an allergy is present.

Sometimes, a child psychologist (or psychiatrist) can help to eliminate the causes of tension in a child. Other kinds of treatment should be discussed with your doctor.

BRONCHITIS

Bronchitis, an inflammation of the bronchial tubes, results from a cold or other virus infection. The cough is apt to sound heavy or rattly. Breathing, especially in infants, may be wheezy and occasionally difficult. Watch small infants, even if they have no fever. They can develop serious infections without fever.

Very mild cases are only a little more serious than a common cold. However, if the child acts sick, coughs frequently, and the fever goes over 101 degrees, call the doctor.

CHICKENPOX

(Highly Communicable Disease)

Chickenpox occurs in epidemics every three or four years. It is usually a very mild disease in children, but it is very contagious.

Usually the illness begins like a cold, with fever and a slight headache. Often the first symptom is a rash. A few raised red spots in a short time become "tear-shaped" liquid-filled blisters. They soon break to form scabs or crusts. These crusts itch, but will heal quickly and without scars if they are not scratched. Scratched blisters can leave deep scars and lead to infections.

Keep the child in bed as long as new spots appear. Give aspirin according to the child's age.

- Wash the child's hands three times a day with soap and water and keep fingernails trimmed.
- Pat on calamine lotion.

- Bathe child carefully with soap and water and keep in clean underwear.
- Relieve itching by placing child in warm bath laced lightly with bicarbonate of soda three times a day.

CHOREA (St. Vitus' Dance)

Chorea is a nervous disease in which twisting or writhing movements may continue for months. Sometimes twisting is obvious, other times hardly noticable.

About three-quarters of all cases are related to rheumatic fever. Perhaps 50 percent of all rheumatic fever patients develop the disease. Some doctors believe there are two types of chorea, one related to rheumatic fever, the other not.

In chorea, no two irregular movements are exactly alike. They are not to be confused with nervous system spasms in which same movements are repeated over and over.

Chorea occurs most often in girls, is observed most frequently between age seven and puberty, and should not be confused with the tics and general nervousness so common in this period.

The child should be under a doctor's care. Quiet, bed rest, good nutrition, gentleness, and sympathy are the best treatment. The twisting movements will go away in time, but the child must be watched regularly to make sure no other signs of rheumatic fever develop.

COLDS

Most children who are sick, especially in the winter and spring, have a cold. Colds are due to viruses. An ordinary cold lasts only a few days. The younger the child, the more chance there is that fever will also be present. Many contagious diseases start with cold-like symptoms. Influenza ("flu" or

grippe) is probably a severe form of virus infection. It ocurs in epidemics, lasts 2-4 days and leaves the patient very weak.

Colds may come from:

Getting chilled.

Hot dry air in the house or apartment. Exposure to other children with colds.

Getting overtired or upset.

To treat a cold:

Put the child to bed.

Give extra fluids.

Place a pan of water to provide extra moisture in the room.

Give aspirin for fever and discomfort according to the rules on p.421.

Nose drops, for a blocked nose, if the doctor prescribes them.

COLIC

Colic is a common disturbance of the first three months of life. Its symptoms are: gasdistended abdomen, seemingly insatiable appetite, painful crying after meals, sometimes lasting four hours or longer. The baby flexes his legs and screams.

Some babies have only a few attacks; some have them daily until they reach the magic age of three months. In rare cases, it can last six months or longer.

Interestingly, colic develops most often in babies who are growing well. Colicky babies seem to prefer to cry from 6 to 10 p.m., or 10 p.m. to 6 a.m.

Possible causes: Over-concern by tense, anxious mother, swallowed air, child's immature nervous system, fatigue, allergy.

Treatment: Particular care in burping baby after every feeding, quiet, love, perhaps a little more time off for mother so she can enjoy her baby more.

CONSTIPATION

Doctors no longer believe that a baby must have one or two bowel movements daily. One child on solid food may have two or three a day. A breast-fed baby may have a movement only every other day. Both can be equally healthy.

Missing one or even two days can be absolutely normal for some babies. Trying to make a young child "regular," if he is not ready, may only upset him emotionally. Each child has an individual nervous system, and the bowel has a tendency to regulate itself.

A baby fed on cow's milk formula may have movements that are hard and difficult to pass. If you can't reach your doctor, try changing the sugar in your formula. Use an equal amount of dark corn syrup instead of light, or dark brown sugar instead of white. Try prune juice or pureed prunes: 2 teaspoons at 6 p.m.

NEVER GIVE A YOUNG CHILD A LAXATIVE OR ENEMA UNLESS THE DOCTOR PRESCRIBES ONE.

It's extremely important for a one, two, or three-year old learning to manage his bowels, not to have hard movements. The pain may worry him, and he may hold back for fear of being hurt again. And the longer he holds back, the more likely it is to be hard. Ask your doctor what to do.

If an older child has constipation problems, don't play doctor. Discuss the problem with your physician. Don't question the child constantly about his bowels, don't associate them with health or germs. You don't want to cultivate a hypochondriac.

If he likes them, give him fruit or vegetables two or three times a day. Fruit and vegetable juices are helpful. So are figs and prunes, either one, once a day. See that he gets ample exercise and fluids.

CONVULSIONS

There are many conditions that cause convulsions. The patient falls to the floor unconscious, and his entire body may undergo convulsive movements. His eyes roll up and his teeth are clenched. He may pass urine and feces.

Before age two, convulsions may be related to developmental defects, birth injuries, metabolic diseases. In a youngster from 1 to 5, the commonest symptoms are sudden fever at onset or a cold and sore throat. If this is the reason, the condition is not serious and does not mean that the child will have convulsions for life. (See page 422.)

CROUP

Croup is the common name for several types of laryngitis in children.

The mild form usually comes on during the night in a child who has gone to bed apparently well. He awakens with a loud barking cough and has difficulty breathing. He is usually frightened as well. This type of croup is not as bad as it sounds. Call the doctor for any kind of croup.

Treatment consists primarily of warm moist air. Close the windows. Take the child into the bathroom and let the hot water run. Let him breathe-in the moist air. Do not put him in the tub. While this crude steaming is going on, someone else can be covering the bed with a sheet draped over chairs to make a tent inside of which a steam kettle or vaporizer can be placed. An umbrella helps to make a tent, if necessary. The steam kettle or vaporizer should be handled carefully and placed on a steady base, far enough from the child so as to avoid danger of burning him. As long as there are any symptoms of croup, an adult should sleep in the same room for three nights, making sure of

waking every two or three hours to see that the child is breathing comfortably.

The more severe type of croup is infectious. Fever is usually present. It persists during the day. Steaming is only partially helpful. This form of croup can be a medical emergency and the child may have to be hospitalized at a moment's notice.

DIABETES

Insulin is a hormone from a gland, the pancreas. It helps the body to properly utilize the starches and sugars from food. Deficiency of it can produce diabetes, or sugar in the urine. This disease is successfully treated with insulin.

Diabetes is severe in young patients and requires careful medical supervision. The principal symptoms are excessive urination, excessive thirst, and excessive appetite. If these symptoms appear, the child should be taken to the doctor promptly, and a sample of urine should be taken for testing.

DIAPER RASH

Symptoms are crops of small red pimples and rough red skin. Not serious but uncomfortable. Caused by wetness and ammonia in urine. To prevent it, change diapers often. Let the baby lie for a while each day with no diaper on. Make sure there are no drafts indoors. Outside, watch out for sunburn. Boil and sun-dry diapers, if possible. Discontinue waterproof pants while rash appears. Substitute diaper liners.

Use a soap with hexachlorophene if whiteheads are visible. Be sure to rinse away all soap carefully. If rash persists after several months, use a diaper antiseptic in the last rinse water. Night clothes and bedding should receive the same treatment. Your physician may recommend Lassar's paste or

zinc oxide ointment.

DIARRHEA

Diarrhea means loose bowel movements. sometimes watery or containing mucus. A baby or young child may have one or two such movements as a result of some new food or sometimes from excitement or getting overtired. Sometimes a baby who is teething has diarrhea. A new food, such as spinach, may cause a baby to have loose movements with traces of the food in the stool. It is normal for babies fed at the breast to have fairly frequent, rather loose movements, and this should not be confused with diarrhea. When there is liquid or mucus or sometimes blood in the stool, and especially if the loose stools come frequently or with pain in the stomach, vomiting, or other signs of illness, diarrhea may be the beginning of a cold or other illness or there may be an infection in the digestive system itself. Diarrhea may also be due to inability to digest starches and fats (celiac condition).

Whatever its cause, diarrhea is weakening to babies and young children and these steps should be taken to stop it:

- 1. Give no food or liquid until the next meal or feeding time, except a little water or a piece of ice to suck.
- 2. Give no sedative or medication of any kind unless the doctor has been consulted for this particular upset and has prescribed medicine.
- 3. Give fluids first when beginning food again. For example, weak tea with sugar, boiled skimmed milk diluted at first with water and then gradually back to whole milk if the diarrhea is subsiding.
- 4. Begin solid food with small amounts of scraped raw apple (without the peel), ripe banana, gelatin pudding, cottage cheese. Feed in small amounts, more frequently if the child is hungry.

5. Avoid foods with roughage for a day or two, or longer depending on the severity of the diarrhea. Give refined hot cereals, well cooked, such as farina, strained oatmeal, rather than whole wheat cereals. Avoid fruit (except scraped apple and ripe banana) and vegetables such as spinach and cabbage. Mashed potato, carrots and strained peas can be given. Avoid fatty or rich foods.

The diaper area is likely to be sore and red with diarrhea. Wash gently with mild soap and warm water after a bowel movement, dry by patting, and put on baby powder. Boil diapers for a few days.

If diarrhea persists, consult the doctor.

DIPHTHERIA

(A Communicable Disease)

Many young physicians have never seen a patient with diphtheria. If your child has received his injections in infancy and boosters at regular intervals, there is almost no chance of his getting this disease which once was fatal to many children.

Diphtheria starts with fever, sore throat, and a general feeling of sickness. Dirty white patches appear on the tonsils and can spread to the adjoining parts of the throat, especially the larynx or voice box. If a child has sore throat or croupiness, your doctor should be called, especially if the child missed his injections or boosters.

Diphtheria antitoxin is effective in the treatment of diphtheria and antibiotics are sometimes used for diphtheria carriers, (people who do not get the disease but who can spread it to others).

Diphtheria is a serious disease for children. The patient should have bed rest and a light diet, and the doctor's orders should be followed carefully.

Ear Infections: Inflammation of the passage leading from the visible portion of the ear to the eardrum (otitis media) is very common in young children. The pain may be severe or there may be no pain at all. Fever is not always high.

Call your physician at once if your child has an earache, even if pain and fever are not intense. Drugs for ear infections work better in early stages. With prompt treatment, few ear infections ever become abscessed, and mastoiditis is rare.

Until the doctor comes, a hot water bag or electric pad will relieve some pain. Give aspirin according to the correct amount for the child's age. Or, if the doctor has previously prescribed cough medicine with codeine for this particular child (never give him another child's prescription), the codeine will relieve the pain.

Bleeding from Ear: If associated with a head injury, this is a dangerous sign. Call your doctor. Never put any fluid or medication into the child's ear unless prescribed. Cover with sterile gauze or clean handkerchief until the doctor comes.

ECZEMA

Eczema is an allergic disturbance of the skin. It has scaly red rough patches. It occurs mostly in infants and children and in families in which others have allergies. It is due usually to a food like milk, eggs, or wheat or occasionally to an external irritant like wool or rabbit hair. Often the allergy is to a food, and the eczema is made worse by external irritants like wool undergarments, wet diapers, or strong soaps. Eczema is more common in fat, well-nourished babies than in thin ones.

In infants, eczema usually first appears as red patches on the cheeks. It may spread

to the forehead, behind the ears, and often to the body. In older children it is most often seen in the creases of the elbow and behind the knees. Itching is usually severe. Scratching can lead to bleeding, the formation of oozing or weeping crusts and scabs, and possible infection.

Simple creams and lotions may be all the care needed. Sometimes just changing a baby from whole milk to evaporated milk is effective. A search should always be made to find out and eliminate the foods and external agents that make the eczema worse. It is important to maintain the baby's general health while the elimination of certain foods is carried out. In most babies by the age or one or two years with good general health care eczema disappears.

EPILEPSY

Epilepsy is marked by repeated convulsions in older children. In grand mal attacks, child loses consciousness and convulses. In petit mal attack, child doesn't fall or lose consciousness. He may merely stiffen briefly. Medication is helpful in stopping or reducing the frequency of the spells.

EYE

Eye Inflammations:

Conjunctivitis: Tearing followed by a discharge, at first watery, but later mucous. Sensitivity to light, itching, burning of the lids are common symptoms. Usually both eyes are involved. Highly contagious. Mild types last a few days, epidemic types may last two to four weeks. Latter usually occurs in spring and fall and is known as "pinkeye."

The child should use only his own towels. Eyes should be kept free of discharge. The doctor may recommend antibiotics or sulfa preparations.

Sty: A sty begins with tears, sensitivity to light, foreign body sensation, pain and redness of lid margin. A yellow spot in the center develops into an abscess which, when it breaks, relieves pain.

In early stages, abscesses may be prevented by medication. Application of hot compresses for 10 minutes, three or four times a day will make a developing abscess come to a head more quickly. Antibiotics can help prevent spread of infection. Should sties persist, your doctor may prescribe staphylococcus toxoid or vaccine.

GERMAN MEASLES (Rubella)

(A Communicable Disease)

Traditionally, epidemics of German measles have swept across the United States every six to nine years. The disease is harmless to children, but if it strikes a woman during her first three months of pregnancy, the odds are distressingly high that her baby will be born with one or more birth defects.

The disease is spread to mothers by small children. And even the healthy baby of a mother who contracts the disease during pregnancy may excrete rubella virus for months after birth. The infant can infect older children and adults, thus perpetuating the cycle of infection.

Hopes are high that the newly licensed vaccine for *German measles* will exterminate the disease. Youngsters are now being immunized according to priority, children under five first, then older children.

The majority of experts would rest easier if no mature woman were given the vaccine. They urge physicians to (1) consider each case individually, (2) first determine if the woman is naturally immune before immunization (there is now a test which will tell

whether a person has had the disease), make certain the patient understands that pregnancy should not be attempted until at least two months after inoculation.

HEART MURMURS

Heart Murmurs frighten most people. Usually they are functional, which is another way of saying that they are not important to the child's health.

Some heart murmurs are due to damage from rheumatic fever and some are due to congenital heart disease (heart disease which has existed since birth). Medicine has made giant strides in operations to correct defects due to congenital heart trouble. Operations are also performed to repair heart valves damaged by rheumatic fever and new and improved operations are being constantly devised.

HEPATITIS

Hepatitis is an inflammation of the liver caused by infectious or toxic agents, often characterized by jaundice. Bile, which normally goes through the liver, backs up into the blood, making the whites of the eye yellow, the urine dark, and sometimes produces itching of the skin. There is usually abdominal pain on the right side and high up.

Onset is abrupt with nausea, fever, and discomfort. Patient should remain in bed while jaundice, liver tenderness, and abdominal pain are present. A minimum of three weeks' bed rest is advisable. Diet should be rich in proteins and carbohydrates. Vitamin B complex helps to restore lost appetite. Activity should be resumed very gradually. Hepatitis always requires a doctor's supervision.

HERNIAS (RUPTURES)

A hernia is a small opening in the muscular wall, usually in the abdomen. The commonest form of hernia is the protrusion of the navel at birth. It usually closes over soon after birth but occasionally takes months or even years. The doctor will show you how to strap the baby's abdomen if the protrusion of the navel requires it.

Inguinal or groin hernias are not frequent. They tend to occur in families, at almost any age from infancy on, more commonly in boys than in girls.

A hernia may appear when a child strains himself, usually to lift something or push something too heavy for him, but will disappear or "reduce" with relaxation. The hernia that does not "reduce" easily may need immediate repair. Your doctor can make this decision. Nowadays, small infants are very successfully operated on in a hospital and are home again within forty-eight hours.

HICCUPS

Hiccups are usually relieved by giving a little warm tea plus having the child sitting quietly and resting. If hiccups persist after a great length of time a physician should be called because he may give some medication.

HIVES

Hives are usually round white raised welts. They appear suddenly and itch. Sometimes the itching is so severe that it is hard to bear. Hives can be caused by sensitivity to food, drugs, things touched, injections, and sometimes an emotional upset.

Some people get hives frequently. Relief can often be obtained for a short time with calamine lotion or a bicarbonate of soda dressing. Anti-histamine drugs should be used only under a doctor's direction.

HYDROCELE

A hydrocele is due to excess fluid in the small sac around the testicle. It is fairly common in boy babies and almost always disappears in time. Very occasionally, an older child will have a chronic hydrocele which needs attention. Many hydroceles are associated with small hernias and both conditions may be taken care of at the same time by the surgeon.

IMPETIGO

(A Communicable Disease)

Impetigo is a superficial infection of the skin. It can be present on any part of the body but occurs especially on the face and in the diaper area.

Impetigo is very common and is easily spread from one part of the body to another. It also spreads from one person to another rather easily.

The first sign is usually a few pimples which soon enlarge to blisters filled with fluid. This fluid soon becomes pus which forms dried yellow scabs when the blisters break.

- Cut the child's nails to prevent scratching.
- 2. Keep the nails clean with mild soap and water.
- 3. Keep the baby away from other children
- 4. Expose the skin to the air as much as possible.
- 5. Clean the broken blisters with soap and water.
- 6. If the lesions spread, take the child to your doctor at once. He will treat them with an antiseptic solution such as gentian violet, or he may prescribe an ointment such as 3% ammoniated mercury or an antibiotic ointment.

It is important to see an eye doctor early if there is a question about crossed eyes. A crossed eye or wall-eye may lose vision if efforts are not made to make the child use it.

If the two eyes do not converge on the same object, one will see a slightly different picture. The child will see double. This is uncomfortable as well as confusing. Continued too long it may be impossible to bring the vision back. The doctor may recommend exercises, glasses, a patch over one eye, or corrective surgery.

MEASLES

(A Communicable Disease)

Measles, a completely separate disease from German measles, should be guarded against if at all possible. Children are sicker with regular measles and serious complications can develop.

Fortunately, the disease can now be prevented—possibly for life—by vaccination with specific measles vaccines. Both a "live" and "killed" vaccine are now available.

Live vaccine forms antibodies so quickly in more than 90 percent of the inoculated that it can be effective in modifying or preventing measles if given within three days after exposure.

The killed vaccine is given in three injections, preferably two months apart. Antibodies are not effectively present until after the third shot.

Many doctors recommend live vaccine for healthy youngsters at 10-12 months. Measles antibodies transferred to infants before birth by mothers neutralize inoculations for about nine months. If it is known positively that the mother has never had measles, an injection may be given earlier.

Should a child who has not been protected be exposed, the attack may be prevented or made milder if gamma globulin is administered in time. Protection lasts only three to six weeks, and re-exposure makes a new injection necessary.

Every attempt should be made to have the child made immune before age three or four. This is when complications (middle ear infections, bronchopneumonia, influenza) are more frequent and more severe. Protection is particularly necessary for children who have had scarlet fever and tuberculosis.

Measles may begin with a high fever and signs of a bad cold: sneezing, dry cough, watery red eyes. These signs gradually become worse until a pinkish-brown rash appears behind the ears, usually on the fourth day. As the rash spreads to cover the body, fever may be high.

A day before the rash appears, tiny white spots, Koplik spots, appear on the inside of the cheeks. They usually disappear with the onset of the rash.

Within two days the fever should have gone down and the rash faded. If fever does not go down within two days, or if it returns, call your doctor. Complications can be treated with modern drugs.

Strict bed rest is advised to prevent complications. The sick child should be protected from cold and dampness for two weeks. It is likely that strong light will disturb the child, and unless you keep the lighting low, complications involving the eyes may occur. Fluids and a soft diet are recommended. Antibiotics are often prescribed for serious cases.

(Glandular Fever)

This disease is difficult to diagnose because its symptoms vary so widely and some of them so closely resemble other conditions. *Mononucleosis* is more common in boys than in girls, and in older children and teen-agers than in adults. It often occurs in epidemic forms in schools, colleges and other institutions.

Its cause is unknown. It is usually benign. But in rare cases, it may lead to serious complications.

Fever, involvement of the lymph glands, and an increase in the white blood count are three main features of a typical case. Other symptoms vary according to the part of the body affected. Sometimes patches on the throat simulate those of trench mouth, tonsilitis and diphtheria.

After a five to fifteen-day incubation period, the patient experiences fever and vague grippe-like symptoms: fatigue, headache, chill. Sometimes headache is the first and most obvious symptom. In more severe cases, there is a marked enlargement of the glands of the neck, groin, and armpits. After four days, a red, pimple-like rash may appear.

Bed rest should be enforced during the acute phase of fever and discomfort. The disease may last one to three weeks, or two to three months. Fluids must be administered. With high fever (103 degrees in adults. 104 degrees in children), aspirin and sponging with tepid water or alcohol are indicated. Sore throat may be helped by gargle. If there is a secondary bacterial infection, your doctor may prescribe antibiotics.

MUMPS

(A Communicable Disease)

Mumps is a virus disease causing painful swelling of the salivary glands, especially those at the angle of the jaw. It is sometimes difficult to differentiate between mumps and swollen glands.

A physician should always be called for a suspected case of mumps. Knowledge of whether or not a person has had mumps is important when he reaches puberty. In adolescents and adults, mumps can spread to the reproductive organs.

Mumps swelling is usually preceded by a low to moderate fever, perhaps an earache, or a headache. Pain on chewing or swallowing is often the earliest symptom. With development of the swelling, temperature usually rises to 103 or 104 degrees. Swelling reaches its height about the second day, when there is also swelling in front of and below the ear.

In most cases, both sides of the face are involved. Swelling may develop on only one side. One or both sides, the immunity is the same. Average swelling lasts seven to ten days.

Children should remain in isolation until the swelling subsides. Susceptible individuals should be examined from the fourteenth to the twenty-eighth day after exposure.

Gamma globulin offers some but not complete protection to adolescents and adults if it is administered within the first few days after exposure. A fairly reliable skin test to determine whether an exposed father or older son is immune should be administered before gamma globulin is given. Some people become immune from atypical bouts with the mumps.

The young patient who is contagious should be kept quiet—until his swelling subsides and all danger of contagion is over. Parents who have not had the mumps should avoid exposure. A soft diet eliminates some of the pain caused by chewing.

One possible complication of mumps in males is the spreading of the disease to the testicles. Fortunately, sterility rarely results if only one testicle is affected. Should the disease spread to a testicle, the patient should have absolute bed rest. Cold applications should be administered to give relief.



PNEUMONIA

Modern drugs usually achieve a prompt cure of ordinary types of *pneumonia*, if the treatment is started early. The disease may come on after the child has had a cold for several days, or without warning. Suspect it when temperature climbs up to 103-104 degrees, there is coughing and pain in the chest. There may be vomiting and even a convulsion. Breathing is rapid.

To determine whether it is pneumonia or another serious disease, the wise parent always calls a physician when a child develops a fever and a cough. There are other variations of the disease. Most require complete bed rest, fluids, and, when indicated, oxygen and pain relievers, plus drug therapy.

POLIOMYELITIS (Polio, Infantile Paralysis) (A Communicable Disease)

Poliomyelitis, the one-time dreaded crippler, has been virtually eliminated wherever systematic doses of Sabin oral vaccine are administered.

All children from the age of six weeks to two months should be given Sabin vaccine. Named for its discoverer, Dr. Albert Sabin, it has replaced the earlier Salk vaccine which was given by injections.

Polio occurs all year around but is epidemic in the summer months. Its first symptoms are like those of any other acute infection: fever, vomiting, irritability, and headache. In the next days, if the child cannot touch his chin to his chest or put his head between his knees, it is wise to have your doctor check.

Treatment in the acute stage of the disease should be in the hands of a specialist. The National Foundation has set up centers for respirator treatment, if necessary. The Foundation also aids in providing the operations and treatments that may help in correcting deformities.

RASHES—How to Distinguish Them

Skin Conditions

Diaper Rash: Crops of small red pimples together with little blisters which often break and leave little punched-out crater-like pimples. Extremely uncomfortable. (See page 406.)

Eczema: Blister formations often accompanied by little red nodules. The blisters break and give off sticky yellow fluid forming gummy crusts which bleed when removed. Intense itching.

Hives: Crops of salmon-pink welts which come and go. They remain in one site for several hours, then reappear elsewhere. Intense itching. An allergic manifestation, often caused by foods. Sometimes antihistamines are prescribed.

Prickly Heat: Little pinhead-size reddish pimples most frequently found around neck, shoulders, and inner part of elbows and knees where the tiny sweat glands are most affected. Keep the child as cool and comfortable as possible. Talcum powder helps.

Rashes in Contagious Diseases

Chickenpox: Crops of small separate reddish pimples which develop into "tearshaped" blisters filled with fluid. These break and become encrusted. Pimples, blisters, and scabs may be present at the same time.

German Measles: Tiny rose-pink spots smaller than those of regular measles. They have less color and spread more rapidly. They begin on the face and usually disappear within a day.

Impetigo: Reddish pimples with yellow or white blisters. Yellowish-red scabs. Lesions are present more or less simultaneously. Treatments should be suggested by your physician. Prevention depends on cleanliness. Use a mild non-irritating soap and avoid contact with infected persons. Face, ears, neck, and hands are most commonly affected.

Measles: Slightly raised reddish-brown, sometimes blotchy spots which start behind the ears and work their way to the face and down the body.

Scarlet Fever: Fine pinpoint rash. Starts in armpits and groin.

RHEUMATIC FEVER

Rheumatic fever affects mostly the heart and joints. It can affect the heart once or many times. With each attack, the heart can be damaged. The present-day use of penicillin and other drugs to avoid these attacks is one of the important medical steps of the past years.

The attacks of this disease are related in some way to a previous streptococcus infection. Patients may have fever of all degrees. They may have pains in large joints or small joints. These pains may move from one part of the body to another. The joints may be hot and swollen. The patient may be only slightly pale or listless or be quite sick.

It is most important to watch the child who is slightly pale and listless and has occasional attacks of fever along with joint or muscle pain. He should be examined by your doctor.

Rheumatic fever requires medical attention. With proper rest and medication the chances for eventual recovery without heart damage are good.

RICKETS AND VITAMIN D

Vitamin D is formed in our bodies by the action of sunlight on fatty substances in our skin. This amount of Vitamin D is not sufficient for growing infants, especially small premature babies. It must be supplemented by Vitamin D in fish liver oil or in manufactured Vitamin D preparations. Vitamin D helps our bodies utilize the calcium and phosphorus in milk and other foods. Lack of Vitamin D can result in soft bones which bend easily and poor teeth—a condition called rickets.

To prevent rickets and help your baby to have strong bones, be sure the baby is getting enough sun and fish oil or other Vitamin D preparation, particularly in winter.

RINGWORM

(A Communicable Disease)

Ringworm usually occurs as red round slightly raised sores which may involve the skin of the body or the scalp. When it occurs on the scalp, hairs may fall out from the patches. Ringworm is usually associated with itching. It is caused by a parasite and may be spread by contaminated combs, brushes, or towels. If the diagnosis is definite, the doctor will treat the sores with fungicide. Spreading lesions always require the care of a physician. When the scalp is involved, the attention of a specialist may be necessary.

ROSEOLA

Roseola, a very mild virus disease of children under two, is often confused with "teething rash." The child has a fever but is cheerful and free of other symptoms for three days. When fever falls a very fine rash appears, mostly on the body. It lasts a day or so and is easily missed if a parent is not observant. If fever is high, there may be convulsions. But if there are no complications, no treatment is necessary. Tepid sponges to keep fever less than 103 degrees will help the baby.

SCARLET FEVER

(A Communicable Disease)

Scarlet fever is caused by a variety of the streptococcus germ, and is milder than it was in the past, thanks to modern drugs.

If your child has been exposed to scarlet fever, consult the doctor about giving the child medication to prevent an attack or to lessen its severity.

The disease begins with a fever and sore throat, occasionally headache and vomiting. The rash which follows in a day or so looks like very fine red spots on a flushed background. In sharp contrast to this is the whiteness around the patient's mouth.

The child should be kept in bed, on a light diet, until he has been well for two or three days.

After recovery, there is often peeling of the skin of fingers and toes. This may be hard to see. Among complications that can prolong the illness are either ear or gland infections or a kidney inflammation. The kidney complication may come three weeks later and is accompanied by blood in the urine. Many doctors do a routine urine examination three weeks after the illness.

The child should be kept from strenuous activity and should be watched for about three weeks, because of these complications. Your doctor will decide whether treatment is necessary.

SCURVY AND VITAMIN C

To prevent scurvy, we begin giving babies orange juice very early and see that the whole family has plenty of Vitamin C-rich citrus fruits, tomatoes, and green vegetables.

Vitamin C is destroyed by heat, so a great deal of it is lost in cooking. This is why it is best never to overcook green vegetables. A synthetic Vitamin C is often used in multi-vitamin preparations.

SORE THROAT

Sore throats are commonly caused by a streptococcus infection. Mild cases respond well to rest and possibly small doses of aspirin to relieve pain. For severe sore throat call the doctor. The condition may be tonsillitis which can be serious.

SWOLLEN GLANDS

Swollen glands are sometimes symptoms of infectious mononucleosis. (See page 412.)

Glands in the neck may swell with a throat infection. They usually clear with the drug prescribed for the throat infection. Cutting the glands to drain them is very rarely done today. The once-feared quinsy sore throat (inflammation of tonsils and surrounding tissues) also is treated with antibiotics.

TEAR DUCT BLOCKED

Sometimes a baby's eyes will have a backflow of tears. Your doctor will know a simple method of massage to open the tear duct.

THRUSH

A mild fungus infection of the mouth, thrush gives the appearance of patches of milk scum stuck to cheeks, tongue, and roof of mouth. It occurs when nipples are handled carelessly, but it can also occur in the most meticulous nurseries. Give the baby a drink of cooled boiled water to rinse out his mouth after feeding. Check with your doctor if the baby's mouth becomes sore, bleeds, or is generally inflamed.

TONSILS AND ADENOIDS

Tonsils lie on either side of the throat. They should be removed only if the child

has repeated weakening attacks of tonsillitis, or if the tonsils are so large that they could interfere with breathing if an infection occurred. If possible the operation should be put off until the child is about six or seven years old or more. After seven, there is less chance that the tonsils will grow back. An operation is also less upsetting to the child after the age of seven than before. Sometimes, the operation must be done at an earlier age.

Adenoids are at the roof of the throat behind the nose. They should be removed if they are causing severe mouth breathing or a large number of ear infections.

In most instances, the tonsils and adenoids are removed at the same operation. Operations on the nose and throat and mouth, including dental extractions, are not generally advisable during the summer (polio) season.

TUBERCULOSIS

(Highly Communicable Disease)

Until the age of three, youngsters have little resistance to tuberculosis and there is a chance of the disease, if contracted, involving other parts of the body (skin, eyes, bones, glands) as well as the lungs. That is why it is particularly important that anyone who goes near the baby should be free from the disease.

Anyone in the household with a chronic cough should be examined by x-ray. The wise mother should demand proof of freedom from the disease from all household help. Be sure your child is given regular tuberculin tests.

UNDESCENDED TESTICLES

In some male babies, the testicles descend from the abdomen into the pouch-like scrotum shortly before birth. By the time they are one, most boys' testicles have descended, but not all. Sometimes only one testicle descends. This is sufficient for normal development and fatherhood.

A good time to observe whether your son's testicles have descended is while he is taking a hot bath. Handling the scrotum for examination may make the testicles snap back.

Try not to let your son see your anxiety if his testicles have not yet descended. Don't examine them too often. It will give your child the harmful impression that he is malformed.

If testicles have not descended by the time the boy is two, discuss the situation with your physician. He will decide what treatment is best.

URINATING DIFFICULTIES

Difficulty in urinating may be caused by a small urine opening, an irritation on the tip of the penis in boys, or a vaginal infection in girls.

It may also be due to extra loss of fluid caused by excess perspiration in hot weather. This makes the urine dark and strong. Fever or too little fluids by mouth can do the same thing.

Once in a great while a male baby may be born with a pinpoint urine opening which causes difficult urination. This should be reported to a doctor. Enlarging the opening avoids the possibility of back pressure on the kidneys.

VAGINAL INFECTION IN GIRLS

A fairly frequent cause of difficult and of frequent urination is a vaginal infection which affects the nearby urine passage. Both the vaginal infection and the urine trouble are relieved by sitting a child several times a day in a warm tub to which has been added a cup of bicarbonate of soda (baking soda). After drying well, a mild cold cream or powder is dabbed on to protect the inflamed passages from irritating urine and discharges.

Infections of (1) upper urinary passages (pyelonephritis) and (2) the bladder occur most often in young girls. Symptoms usually include fever and often vomiting and abdominal pain.

The genital area should be gently but carefully washed and patted dry and a specimen of urine should be taken to the doctor for examination. If there is an infection, pus will be found in the urine. The doctor will probably prescribe an antibiotic and continue its use beyond the time that the urine is clear.

VOMITING

Many diseases in childhood are accompanied by vomiting. In many instances this is preceded by nausea.

Most vomiting is not serious. But it can be a symptom of more serious nature, indicating such illnesses as appendicitis or meningitis. A physician should be called at once whenever vomiting persists.

Sometimes if a child vomits repeatedly for hours it may be because of a virus infection. It will often happen that for a short time nothing by mouth will bring relief. But in a little while cracked ice, and later, small sips of ginger ale or weak tea help to control the nausea and vomiting. Occasionally vomiting requires stronger medication to halt it, such as a special suppository prescribed by a physician.

WHOOPING COUGH (Pertussis) (A Communicable Disease)

Whooping cough is not common nowadays in communities where children get their immunizations and boosters against the disease. When it is seen, it is often in a mild form and hard to recognize. However, it must be considered a serious disease. Physicians begin their injections at about three months of age and urge parents not to expose small children to whooping cough.

Whooping cough should be suspected when a child has a cough that hangs on for a week or more and begins to cough in a rapid-fire manner, still more if he "whoops" as he tries to get his breath. If the cough continues to hang on your doctor may ask you to get a blood count to help him make a diagnosis. While most children begin to cough less after a month's time, some may go on for as long as two months.

- 1. Keep the child's nutrition up with light easily digested food. Frequent small meals help to cut down vomiting. Safest time to feed child is after vomiting.
- 2. Make sure he has plenty of rest and sleep. A mild cough syrup may help to control coughing, especially at night.

- 3. Keep the child from excitement, strenuous play, or upsetting experiences, and keep him from drafts and changes of temperature, to avoid bringing on coughing.
- 4. To help the child when he is coughing, hold his head and abdomen.

Whooping cough is contagious throughout the four weeks of coughing. The infection is spread by discharge from the nose and throat.

For small babies who have not had the shots, or for sick children, a serum can be given if they are exposed. (It is expensive but important.) There is always the danger of exhaustion and pneumonia.

WORMS

Pinworms are the common variety in this country. Roundworms, resembling earthworms, are sometimes passed. In the South, children who go barefoot may become infected with hookworm.

Pinworms are little white threadlike wrigglers about 1/2 inch long. They can be seen in the bowel movement or in the anal region of the child at bedtime. Violent itching around the anus, especially at night, is a familiar symptom. This itching is caused by the worms which come out at night and deposit their eggs near the rectal opening. There are effective drugs for worm eradication, and good measures to prevent reinfection. The doctor should be consulted. He may want to take a special smear of the skin around the rectum to see if any eggs are present.

Home Care of a Sick and Convalescent Child



The sick child needs competent physical care. Besides this he is likely to need comforting and reassurance, some companionship, and a good deal of help in finding ways to occupy his time.

The young child who has been sick has had his routines of sleeping, eating, and play upset, and he is usually set back for a while in his learning of new accomplishments, but friendly, patient encouragement from his parents helps him to get back to normal. A school-age or older child may like the babying and extra attention he had when he was sick (as many adults do too). Parents should be sympathetic, of course, but they must be matter-of-fact about getting the child back to independence and self-reliance when the illness is past and the child is ready to exert himself normally.

Physical care of the sick child, besides following doctor's instructions, means keeping the child clean, comfortable, and properly nourished. Light food and plenty of liquids are the usual menu for ordinary illnesses. The doctor gives orders about any special food to be given or avoided.

The Sickroom and Its Equipment

The sickroom ordinarily should be quiet, cheerful, well ventilated but without drafts, and without glaring lights, with an even temperature of 68-72 degrees.

Useful equipment in the sickroom includes:

Two tables.

One table (not to be left where the young child can reach it) can be used for a tray of medicines, thermometer, and to put the bath basins on; the other for the child's small toys, books and magazines, and supply of tissues.

A shopping bag or shoe bag hanging at the bedside make a fine catchall for toys and play materials.

A large sheet of plastic by the yard, or a table square is excellent to cover the bed-coverings if there is vomiting. Plastic over the bed-cover is good for the child to play on later too.

A large light bed-tray serves as a good play and work surface for the patient.

How to Make a Bed for a Sick Child

The bed should be smoothly made, with coverings warm enough for comfort but not heavy. A blanket cover or a sheet over the blanket, and a rubberized sheet and drawsheet, such as hospitals use, under the patient, will help in keeping the bed clean without too much changing. A drawsheet can be made by folding an ordinary sheet in half, laying it across the bed under the patient's body, pulling it tight, and tucking it securely under the mattress at each side. The rubberized sheet should be under the drawsheet and both on top of the bed sheet that covers the mattress. A small or folded pillow placed under the blankets at the foot of the bed allows freedom for the patient's toes. A small or folded pillow under the knees relieves strain for a patient who must lie on his back for any length of time. Unless otherwise directed by the doctor, it is best to avoid extra pillows around the head of the bed for a very sick or weak child or an infant. Check the bed frequently for crumbs, wrinkles, or toys that may have slipped under the covers.

How to Take a Sick Child's Temperature

Every mother should have a thermometer in the house and should know how to read it. (The druggist will show you how when you buy it).

A thermometer is marked by horizontal or crosswise lines, a long line for each de-

gree and a short line for each one-fifth of a degree; there are four short lines between one long line and the next. Numbers are generally printed only for the even-numbered degrees. You will see the numeral 96. The next long line, unnumbered, is 97. The next long line is marked 98, and so on. An arrow points to normal temperature: 98% degrees. Some thermometers are marked in red above this point.

To read a thermometer, stand with the light behind you and hold the thermometer in front of you. The light must shine on it, not through it. Turn it slowly until you can see the rather thick black line of mercury running from the bulb lengthwise through the thermometer. Where the black line ends, read the degree marking. That is the temperature.

For children under five or six the temperature is usually taken by rectum, and it is best to have a rectal thermometer in the house. Rectal and mouth thermometers are marked alike, but a mouth thermometer has a slender end, and a rectal thermometer has a rounded bulb end so that it can be inserted without danger of hurting the child.

Before using the thermometer, wash it in lukewarm water, dry it by patting, not rubbing, with a tissue or towel. Then shake it down with a snap of the wrist until the black line ends at 97 degrees or below. Do this over the bed to avoid danger of hitting or dropping the thermometer and breaking it. For a rectal temperature, smear a little petroleum-jelly or cold cream on the bulb.

Place the baby on his stomach on your knees, or an older child on the bed, on his stomach or on his side with knees drawn



A nurse shows a new mother how to take her baby's temperature.

Vivlenne

up. Part the buttocks with the end of the thermometer extending between two of your fingers, so that it is lightly held in place. Insert it to about one-third to one-half of its length. (Never leave a child with a thermometer). Leave thermometer in place for two minutes. If the child is restless, a minute and a half is long enough. Withdraw it gently and read it.

If the child has diarrhea it is better to take his temperature by armpit. Put the bulb of the thermometer under the child's arm, and hold the arm close to his body for three minutes. With a baby or young child it is easy to do this while holding him comfortingly in your arms. No grease is necessary for taking an armpit temperature.

To take temperature by mouth, use a mouth thermometer, washed but with nothing on the tip. Place the tip under the child's tongue and have him keep his mouth closed over it for two minutes.

A rectal temperature is normally half a degree to a degree higher than a tempera-

ture taken by mouth. A child's temperature also varies a good deal during the day. Even when he is well, a healthy child who has been very active may have a temperature of 100 degrees. A temperature of 101 or more, however, usually means fever.

When reporting the temperature to the doctor, tell him what time of day it was taken and by what method, whether by rectum, armpit, or mouth.

Giving Medicine

If the doctor cannot be reached and the fever remains high, you can give to a child six months or older:

Aspirin:

6 months to 1 year: 1 tablet of "baby aspirin" (11/4 grains).

Between 1 and 5 years: 2 baby tablets (21/2 grains).

6-to-12 years: 3 baby tablets (33/4 grains).

(Be sure to keep aspirin out of your child's reach.)

Liquid:

Pour liquid medicine into nipple, attach to bottle and pop into baby's mouth. Instinct will take over and the baby will start to suck.

Or, slip a medicine dropper into the baby's mouth next to the nipple as he feeds.

If the medicine is cherry or orange flavored, the baby may readily swallow a small amount from a medicine dropper. Follow up with a bottle as a chaser.

Pill:

Place pill on piece of paper and pulverize with spoon. Mix with a small amount of pleasant-to-eat food.

If a capsule is necessary, open it, remove contents and mix with food.

If neither of these methods work, dissolve pill or capsule in small amount of ginger ale and water and serve in feeding bottle. Never mix medicine with milk, orange juice, or any other staple of a baby's diet. He may dislike that fluid forever. Do not use more than a few ounces of fluid. If he leaves part of the bottle, he will not receive the correct dose. Taste to be sure the medicine can't be detected. Shake well so medicine does not precipitate to bottom of bottle.

Suppositories:

These should be refrigerated. Apply a very small amount of Vaseline to the tapered end of the suppository and push gently into rectum until it is completely in. Use rubber fingers when applying.

It's All in How You Say It

Don't plead or threaten. The mother who assumes her youngster will take his medicine, who is calm but authoritative, will usually succeed.

Children want to know what medicine is for and how it tastes. Be honest if it is going to taste bad. Don't lose your child's confidence. Explain that the doctor ordered the medicine to fight the germs which are making him sick.

Be Precise

Give exactly, no more, no less, than what the doctor ordered. Two teaspoons aren't better than one when one is prescribed. Make a schedule of the hours at which medicine is to be given. Cross off each dosage as it it given.

Giving Extra Fluids

The doctor may order you to give the child large amounts of fluids to reduce the child's temperature. A child sometimes prefers clear broth. Try water, strained fruit juices, weak tea with sugar, ginger ale and cola until you find one that pleases your ill child. Sometimes a little sugar in plain water helps.

Avoid pure fruit juices. Mix three parts of water with one part of fruit juice. Undiluted juice may make stools loose and frequent. Do not give juices if the child already has loose stools. Avoid too much sugar if the child has diarrhea. Use saccharine or part sugar and part saccharine. If the child has a chest or head cold, give him his milk diluted with water. Milk makes it more difficult to cough up mucus.

Lowering Temperature

Speak with the doctor before trying to lower temperature, especially if there are other symptoms.

If the child is making jerky movements, he may convulse if his temperature is not lowered. Many children panic when cold wet cloths are applied to their bodies while they are still in bed. Inexpertly given, a cold sponge may cause chills. Sponging with alcohol and ice water could cause a child to go into shock.

If the doctor has not ordered the child to lie flat in bed, sit him in a basin or small tub filled with lukewarm water. Gently sponge his entire body. After a few minutes, colder water can be slowly added. If the child's lips become bluish, or if he shows signs of being chilly, remove him immediately. Never keep the child in the tub more than ten minutes.

Pat him dry with a large towel. Put on his Colore shirt and diaper. Cover him with a flannel window. blanket, and put him in his crib. Simple

Keeping a Sick Child Occupied



Occupation for the sick child depends, of course, upon the doctor's orders and how the patient feels. Once he is reassured that he is going to be all right and is made as comfortable as possible, a child with a temperature is usually content to lie quietly and sleep a good deal of the time. Visiting him frequently for short periods, reading him a not too exciting story, or sitting down to chat with him will keep him from getting too lonely or bored.

Once the child can sit up, enough (but not too many) interesting things to do and play with are important to keep him from getting restless and irritable and demanding constant company. (You will find a wealth of ideas and occupations for children, sick and well, in Volume 5, Things to Make and Things to Do, with specific directions for how to do and make them.) The following are just general suggestions for appropriate kinds of amusements for children in bed.

Playthings for a Sick Child

For Babies

Dangling toys.

Rattles.

Colored celluloid pinwheel turning in the window.

Simple mobile.

Soft rag doll.

Cuddly toy animals.

For Toddlers

Picture books, catalogues, or old magazines to cut out or just to tear.

Paper and coloring books, crayons.

Paper cutouts and blunt-end scissors. (Do not give a child any sharp or pointed playthings or implements for playing in bed: no needles, pins, pointed scissors or knives, or anything on which he can hurt himself if it slips under the covers and is forgotten).

Large wooden beads to string.

Stuffed animals, dolls, doll clothes, doll dishes.

Blocks, toy cars, trains, planes, boats, toy animals, soldiers, and other miniature objects with which to build and plan cities, railroads, ocean voyages.

Pots, nests of plastic bowls or tumblers, and a variety of such things that any house-



This boy is being kept quietly contented while convalescing from a long illness.

Children's Bureau Photograph

hold is likely to have. It is not necessary to load the child with store toys.

Paper plates, paper cups, bright-colored paper party napkins, to cut or tear, colored drinking straws or elbow macaroni to string.

For School-age Children

A radio or television set (but try to choose appropriate programs).

Books or magazines.

Games or puzzles.

An older child may want to spend some time catching up with school work. The teacher can usually supply work materials, books, and instructions on the work.

When the child knows that his mother or father will spend a certain specific time with him, he is better able to keep himself busy at other times.

Visitors for a Sick Child?

Visitors from outside depend on the illness and whether it is infectious or communicable. In case of a communicable disease, the doctor gives instructions in how to prevent it from spreading to others. The parent who is taking care of the child will have to be particularly careful about waste, towels, dishes and utensils from the patient's room and about washing hands after caring for the patient.

When the child is convalescing, he is likely to want a good deal of attention. It is hard to satisfy the demands of a convalescent, and be patient and good-tempered when one is fatigued after nursing the child through illness and when the rest of the family needs looking after too. At such times other members of the family, older children, relatives, neighbors, and friends may be willing to help by spending a little time with the child, playing games, and keeping him occupied and contented. A child who is old enough may have classmates and friends visit if the period of contagion is past and the doctor gives permission.

With some illnesses there is an apparently complete recovery but also the danger of a relapse if the child is sent out too soon. On the other hand, the longer a child is kept from his regular activities, the harder it will probably be for him to go back to them. If any restrictions are to be placed on the child's activities after his illness, the doctor will decide what they are.

When the Mother Needs Nursing Help

The mother who is caring for a sick child must schedule enough rest time for herself so that she can give the child attentive care. She should do all she can to guard against over-fatigue so she can give the patient the quiet, cheerful confidence and sympathy he needs. Household tasks may have to be neglected, or a relative, neighbor, or paid worker may have to be called in to help with the housework.

Professional nursing help may be considered if the child needs a great deal of care, or even with a mild illness when younger children or a baby need the mother's attention. For highly trained nursing a Registered Nurse (she will have the initials R.N. after her name) may be engaged for part time or full time. The title means that she is a graduate of an accredited nursing school connected with a registered hospital and has passed the state examinations for nurses. The doctor, the local hospital, or a nurse's registry will send a registered nurse.

The doctor may suggest that a practical nurse can do all the child needs. A practical nurse is also licensed by the state and has been trained in a school of practical nursing. She is not trained in the highly specialized nursing skills that may be needed in critical illness but she knows how to give bed care to a patient and is generally pre-

pared to cook for the invalid and perform other helpful tasks. Her services are less expensive than those of the registered nurse. Some women who call themselves practical nurses are not trained or licensed but are skilled enough to take turns with a mother in caring for a sick child and can also help in the house.



The visiting nurse and the public health nurse are registered nurses who visit and help with illness in families who cannot afford or cannot get a private nurse. These nurses are employed by public health departments-federal, State, or local-and sometimes by industrial or business firms for their employees. They charge a comparatively low fee or no fee at all in connection with medical or health insurance of various kinds. The visiting or public health nurse may bathe the patient, give ordered medication, or other nursing care. She may also be called on to instruct the mother or other member of the family who will care for the sick child in correct nursing procedures.

In engaging a private nurse who will take care of the child for any length of time, whether a registered or a practical nurse, the points to check are her training, her health, her past experience with children, and her sympathy and understanding for children when they are sick. Except in an emergency, parents are generally able to interview the nurse before engaging her.

When a Child Goes to the Hospital

When a young child must go to the hospital because of serious illness or injury, or to have an operation, parents need to remember that while they are anxious and upset, the child is also upset, possibly in pain, and almost certainly frightened. If he sees them looking worried his fear will increase. Apart from the distress this causes him, it will also make it harder for him to cooperate with those who must handle and care for him. For the child's sake it is necessary for parents to control their own anxiety, to keep calm, and try to give the child comfort and reassurance.

If he has not been to a hospital before, the young child should be told that it is a place where there are nurses and doctors especially trained to care for him and help him get well. If he is to ride in an ambulance, he should be told in advance that this is a special automobile with a bed in it, and with specially trained men and a special driver, all to carry sick people to the hospital as quickly and safely as possible. The sound of the siren may frighten him unless he is told to listen for it. It should be explained to him that that special sound tells other drivers that an ambulance is coming and they must get out of the way to let it go through quickly.

A favorite toy to take along is comforting to the child. His parents, or at least one of them, should go with him in the ambulance and stay with him in the hospital to help him get over his first uneasiness. When it is time to leave, parents should tell the child when they will be there again. It is important to be correct about this, since the child will be looking forward to it.

If the child is to have an operation, he should be told enough about what is to be done to keep him from unnecessary fears. He will want to know if it will hurt. He can be told that the anesthetic will put him to sleep so that it will not hurt. He should also be told that there will be an examination beforehand, perhaps a prick of the finger to take a tiny drop of blood, possibly an enema. All this is done to help him get well faster. If he is likely to be uncomfortable and have some pain after the operation, he can be told, without dwelling on it, that it may hurt a little afterward. If one of his parents will be there with him when he wakes up from the anesthetic, he will be reassured to know that.

Many hospitals allow a mother to help the child undress, remain with him until he is to go to the operating room, and be at his bedside when he awakens. If he must remain in the hospital for any length of time, and is not too seriously ill, even though parents are able to afford a private room, the children's ward is likely to be less lonesome for him.

A mother naturally wants to visit her child as often as possible and stay with him as long as possible. Hospital visiting hours restrict this privilege. But it is possible to make each visit a close and comforting time together, reading, playing favorite games, or perhaps just chatting.

The child may cry or protest when his mother must leave. This is distressing, but stops when other visitors leave.

He who gives a child a treat

Makes joy-bells ring in Heaven's street,

And he who gives a child a home

Builds palaces in Kingdom come.

—John Masefield



Infant and Child Care

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